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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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APR 6 1965

I. Operator **OLEN F. FEATHERSTONE** **O. C. C. ARTESIA, OFFICE**

Address **236 Petroleum Building, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner **Mr. O. H. Randel, P. O. Box 236, Carlsbad, New Mex. 88220**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>McLean Federal</b>	Well No. <b>#1</b>	Pool Name, Including Formation <b>Leo Gbr. (Queen)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>I</b>	<b>330'</b>	Fest From The <b>East</b>	Line and <b>2310'</b> Feet From The <b>South</b>
Line of Section <b>27</b>	Township <b>18 South</b>	Range <b>30 East</b>	NMPM, <b>Eddy</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>27</b> Twp. <b>18S</b> Rge. <b>30E</b>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>Oct. 13, 1954</b>	Date Compl. Ready to Prod. <b>Jan. 24, 1955</b>	Total Depth <b>3387'</b>	P.B.T.D.					
Pool <b>Leo</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>2815'</b>	Tubing Depth					
Perforations <b>2815 to 2860'; 3020' to 3046'</b>			Depth Casing Shoe <b>3387'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Charles W. Hicks**  
**Charles W. Hicks** (Signature)  
**General Manager**

(Title)

**April 5, 1965**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 7 1965**, 19  
BY **ML Armstrong**  
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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O. C. C.  
ARTESIA, OFFICE

Olen F. Featherstone  
Petroleum Bldg.  
Roswell, N.M.

STATE OF NEW MEXICO  
OIL CONSERVATION COMMISSION  
P. O. Box 2088  
Santa Fe, New Mexico

April 2, 1965

This will acknowledge receipt of Operator's Monthly Report, Form C-115 covering production from your McLean Federal Lease(s), in the Leo Queen Grayburg Pool, for the month of February, 1965.

Please correct the following error(s) or omission(s):

- ( ) 1. List the Oil( ) Gas( ) production from individual wells.
- ( ) 2. Opening storage figure does not agree with closing storage figure for previous month. (Explain)
- ( ) 3. Show number of barrels run to pipeline or truck.
- ( ) 4. Indicate name(s) of transporter(s).
- ( ) 5. Show disposition of all gas produced.
- ( ) 6. Indicate name of gas purchaser.
- ( ) 7. Omit the use of decimals and/or fractions in your report(s).
- ( ) 8. Show lease totals for the lease under last well shown for above mentioned lease.
- (XX) 9. Other

Distribution of corrected reports should be made to the following:

Original  
Copy

P. O. Box 2088, Santa Fe  
Each transporter involved.

NOTE: Rule 1114 requires operators to file Form C-115 no later than the 24th of each month.

REMARKS: The Form C-110 on file with this office shows that O. H. Randel is still the operator of this well. If there has been a change in operator to Olen F. Featherstone please submit a Form C-110 to our District office in Artesia, N.M. to show the change in operator. Your immediate attention to this matter shall be appreciated. Thank you.



I. R. TRUJILLO  
Administrative Assistant