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	DISTRIBUTIO	ON						
	SANTA FE							
	FILE			,				
	U.S.G.S.				AUTH			
-	LAND OFFICE							
	TRANSPORTER	OIL						
		GAS						
1	OPERATOR							
	PRORATION OF	PORATION OFFICE						
	Operator							
	Kewanee 011 Company 💆							
	Address							
	P. O. Box 3736, Odessa							
	Reason(s) for filing	(Check t	ropei	· box;				
	New Well	<b>_</b> X			Change I			
	Recompletion				011			
į	Change in Ownership				Casingh			
	If change of ownership give name and address of previous owner							
I. DESCRIPTION OF WELL AND LEASE								
	Lease Name				Well No			
	Feather Communitized 1							
	Unit Letter	K	. :	1950	Feet Fr			

10-23-75 (Date)

## NEW MEXICO OIL CONSERVATION COMM. JION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	TRANSPORTER OIL			RECEIVED			
	GAS						
	OPERATOR			OCT 24 1975			
I.	PROPATION OFFICE						
	Operator		o. c. c.				
	Kewanee 011 Co	Jilipany	ARTESIA, UFFICE				
	P. O. Box 3736, Odessa, Texas 79760						
	Reason(s) for filing (Check proper box,	Other (Please explain)	<del></del>				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga	s				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner						
**	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Le	Lease No.			
	Feather Communitized	1 Red Lake P	enn XXXXXXX	XXXFee			
	Location						
	Unit Letter K : 198	50 Feet From The South Lin	e and <u>1980</u> Feet Pro	m The West			
	Line of Section 18 Tov	vnship 18=5 Range 2	7-E , NMPM,	Eddy County			
		TER OF OUR AND MATURAL CA	c				
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which app	roved copy of this form is to be sent)			
	Name of Authorized Transporter at Cil	chasing Division					
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 👿	Address (Give address to which app	e. Artesia. N.M. 88210  roved copy of this form is to be sent)			
	Natural Gas Pipeline (	• •	P. O. box 283. Hous	ton. Texas 77001			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.	K 18 16-S 27-E	Yes	10-22-75			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA			Plug Back   Same Resty.   Diff. Resty.			
	Designate Type of Completic	$\operatorname{con} - (X)$ Gas Well	New Well Workover Deepen	pring Buck Same New C. Diric New Y.			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	12-9-74	9400	9328			
	9-12-74 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3282 GR	Morrow	9236	9170			
	Perforations	i i i i i i i i i i i i i i i i i i i		Depth Casing Shoe			
	9236' 38' 49' 5'	1', 61', 63', 65', 67',	69 <mark>1, 711 &amp; 92731 (11</mark> H	oles) 9395'			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17-1/4	13-3/8	194'	300			
	12-1/4	8-5/8	1201' 9395'	650 650			
	7-7/8	5-1/2 2-3/8	9170'	050			
	5-1/2	OR ALLOWARIE (Test Tuet he c		oil and must be equal to or exceed top allow-			
V.	OIL WELL	able for this de	pin or de jor juit 24 noussy				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		O. D. D.	Water - Bbls.	Gas - MCF			
	Actual Prod. During Test	Oil-Bbla.					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	4992	4 hours	2.93 Casing Pressure (Shut-in)	47.5			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pr.	1960	Packer	16/64"			
VI.	CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION			
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		OCT 3 1 1975				
			APPROVED				
	above is true and complete to the	best of my knowledge and belief.	TITLE SUPERVISOR, DISTRICT. II  This form is to be filed in compliance with RULE 1104.				
	·						
	_						
	-3 1 A-						
	67 Thurson		11	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			
	,	ature)	Il tests taken on the well in ac	cordance with RULE !!!.			
	District Man	ager	All sections of this form	All sections of this form must be filled out completely for allow-			
	[16	··-,	II SOTE ON HOM SHE ISCOUNDED	able on new and recompleted wells.			

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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