HO. OF COPIES RECEIVED			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	RaduEST F	OR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TREA	AND ISOR VOE AND NATURAL GA	S
TRANSPORTER GAS	JAN	2: 1974	
OPERATOR J			
PRORATION OFFICE		C. C.	
Operator	/	A, OFFICE	
Harlan Oil Compan	y		
P. O. Box 668. Ar	tesia, New Mexico 88210	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) from Continuital (Effective Janua	Cypelline
New We!l	Oil Z Dry Gas	Effective Januar	ru 1. 1974
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name	W. C. Welch, Route 1 Box	x 44A, Artesia, New Mexi	co 882 1 0
and address of previous owner			
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Featherstone Federal	1 East Millman -	State, Federal	or Fee Federal LC 064570
Location	77 17	e and 990 Feet From Ti	ne West
Unit Letter ;330			
Line of Section 22 Tow	nship 198 Range 28.	E , NMPM,	Eddy Cour.ty
		c	
Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)
a na state a do Diz	aline Division	N. Freeman, Artesia, N. Address (Give address to which approv	Mo
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sem,
none	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	n
If well produces oil or liquids, give location of tanks.	D 22 198 28E		
If this production is commingled wit		give commingling order number:	,
If this production is comminged with iv. COMPLETION DATA	Oil Weil Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty
Designate Type of Completion			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
			<u> </u>
		1	i and a second top of
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top unit
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
Date First New Oil Rull 10 141111			Choke Size
Length of Teet	Tubing Pressure	Casing Pressure	Gliozo Bizz
	Oil • Bbls.	Water - Bbis.	Gas - MCF
Actual Prod. During Test	Oll - Bbis.		
			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Actual 7,000, 100, mory		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (onde-am)	
	NOT.	OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	JAN 24 1974	
y hereby carrify that the rules and	i regulations of the Oil Conservation with and that the information give	APPROVED	nessett
Commission have been complied	with and that the information give he best of my knowledge and belief		
above is true and complete to t		TITLE OIL AND GAS INSPI	CTOR

above is true and complete to the best of my knowledge at	ia bellet.
Miny Handean	
(Signature)	
faent.	

(Title)

January 22, 1974 (Date) This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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 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