	NO. OF COPIES RECEIVED	٦	-		
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	SANTA FE	1	NEWM	EXICO OIL C REQUEST	
	FILE /-	1		KLQULSI	AND
	U.S.G.S.	AL	THORIZATI	ON TO TRA	
	LAND OFFICE				.,
	TRANSPORTER OIL / GAS				
	OPERATOR 2	1			
ı.	PRORATION OFFICE Operator	1			/
		rte of	J. Blair	Cherry	·
	Address 1105	Lubbo	ck Nation	al Beildi	ng, L
	Reason(s) for filing (Check proper box	:)			
	New We!l		nge in Transport	er of:	_
	Recompletion	Oil		Dry Ga	=
	Change in Ownership	Cas	inghead Gas	Conden	sate
	If change of ownership give name and address of previous owner	110	5 Lubboc	k Natio	nal E
II.	DESCRIPTION OF WELL AND				
	Lease Name	We	l No. Pool Nam		
	Featherstone-Federal		1 Shuge	rt (Queen	- Samo
	Unit Letter ; 23	10 <sub>Fe</sub>	et From The	<b>S</b> Line	e and
	Line of Section 1	wnship	198	Range	1E
111	DESIGNATION OF TRANSPOR	TER OF	OU AND NA	TURAL GA	s
111.	Name of Authorized Transporter of Oil	IER OF	or Condensate		Address
	Texas-New Mexico Pipe	Line (	Company		P.
	Name of Authorized Transporter of Car	singhead (	as or Dry	Gas	Address
	None	· · · · · · · · · · · · · · · · · · ·			ļ
	If well produces oil or liquids, give location of tanks.	Unit J	Sec. Twp	. Rge. <b>93 31</b>	Is gas a
	If this production is commingled wi	th that fr	m any other le	ase or pool,	give con
IV.	COMPLETION DATA	<del></del>	Oil Well	Gas Well	New We
	Designate Type of Completic	on = (X)		J J	l live with the
	Date Spudded		mpl. Ready to Pr	od.	Total D
	Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Form	ation	Top Oil
					<u> </u>
	Perforations				
		TUBING.	CASING, AND	CEMEN	
	HOLE SIZE	CA	SING & TUBIN		
		ļ			
		<u> </u>			<u> </u>
V.	TEST DATA AND REQUEST F	OR ALL	DWABLE (7	est must be af ble for this de	ter recou
	OIL WELL  Date First New Oil Run To Tanks	Date of		010 70. 0110 00	Produci
	Length of Test	Tubing I	ressure		Casing
	Actual Prod. During Test	Oil-Bbl	•.		Water - E
	'				
	GAS WELL	T			r
	Actual Prod. Test-MCF/D	Length o	f Test		Bbls. C
	Testing Method (pitot, back pr.)	Tubing F	ressure (Shut-	in)	Casing
VI	CERTIFICATE OF COMPLIAN	CF		-	
¥ 1.	CLIMITIONIE OF COMPLIANT				
	I hereby certify that the rules and	regulation	s of the Oil C	onservation	APPF
	Commission have been complied wabove is true and complete to the	vith and	that the inform	nation given	BY_
	moove to time and complete to the	. Jest OI	, za.reaße		- ' -
					TITL
					7
	Walan Cherry				I
	(Signa	ature)			well,
	Independent Executor of	f the	Retate of	J.Rlair	١ .

## VATION COMMISSION

Form C-104

FILE /	_	REQUES	T FOR ALLOWABLE	E	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.		IRIZATION TO T	AND PANSPORT OIL AND	NATURAL C		
LAND OFFICE		MIZATION TO T	KANSI OKT OIL AND	NATURAL G	AS RECEIV	JED
TRANSPORTER OIL / GAS					FEB 2719	רא
OPERATOR 2					150 8 1	ib/
PRORATION OFFICE Operator			<del></del>		D. G. C	
	ate of J.	Blair Cherry			ARTESIA, DEF	
Address		<del></del>				
		Mational Bull	ding, Labbeck,			
Reason(s) for filing (Check proper bo	·	Transporter of:	Other (Plea	ase explain)		
Recompletion	Oil Oil	<u> </u>	Gas			
Change in Ownership	Casinghed	zd Gas Con	densate 🔲 Chan	ge of opera	stor from Cherry	Brothers
If change of ownership give name and address of previous owner	1105 L	ubbock Nati	onal Bank Bu	ilding, L	ubbock. Texas	79401
DESCRIPTION OF WELL AND		Pool Name, Including	; Formation	Kind of Lease		Lease No.
Featherstone-Federal	1	Shugart (Que	en Sand)	State, Federal	or Fee Federal	069033
Location	110		0310		_	
Unit Letter ;	10 Feet From	m The S	Line and 2310	Feet From T	he <b>E</b>	· · · · · · · · · · · · · · · · · · ·
Line of Section 4 To	ownship 198	Range	<b>31E</b> , NMI	PM, <b>Rd</b> o	jA	County
DESIGNATION OF TRANSPOR		AND NATURAL (		s to which approv	ed copy of this form is to	be sent)
Texas-New Mexico Pipe	Lime Comp	any	P. O. Box 1	510, Midla	ed, Texas	
Name of Authorized Transporter of Co		or Dry Gas	Address (Give addres	s to which approv	ed copy of this form is to	be sent)
None	Unit Sec.	. Twp. Rge.	Is gas actually conne	ected? Whe	'n	
If well produces oil or liquids, give location of tanks.	'		lk no			
If this production is commingled w	ith that from an	y other lease or poo	ol, give commingling or	der number:	<b>BO</b>	
Designate Type of Completi		oll Well Gas Well	New Well Workove	Deepen	Plug Back   Same Restv	. Diff. Res'v.
Date Spudded	Date Compl. R	leady to Brod	Total Depth	1	P.B.T.D.	1
Date Spudded	Bate Compr. it	eddy to Plou.	Total Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations		<del></del>	1		Depth Casing Shoe	
	т	UBING CASING A	ND CEMENTING REC	ORD		
HOLE SIZE		& TUBING SIZE	DEPTH		SACKS CEME	NT
	<del>  </del>			<del></del>		
					;	
TEST DATA AND REQUEST F	OR ALLOWAL	BLE (Test must be	after recovery of total vo	olume of load oil a	and must be equal to or exc	eed top allow-
OIL WELL		able for this	depth or be for full 24 ho	urs)		
Date First New Oil Run To Tanks	Date of Test		Producing Method (Fi	tow, pump, gas tij	i, etc.)	
Length of Test	Tubing Pressu	re	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbl.		Water - Bbls.		Gas-MCF	
					<u> </u>	
GAS WELL	1 1 1 1 1 m		Dila Candananta da	10E	Complete of Complete on to	
Actual Prod. Test-MCF/D	Length of Test	Į.	Bbls. Condensate/MN	ACF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressu	re(Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	
	<u> </u>			<del></del>		
CERTIFICATE OF COMPLIAN	ICE		OIL	. CONSERVA	TION COMMISSION	
I hereby certify that the rules and	regulations of t	the Oil Conservatio	- APPROVED.			9
Commission have been complied above is true and complete to the	with and that t	the information give	n	BY W. a. Gressett		
/			•	- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
			TITLE			
Mai Chengh			If this is a re	equest for allow	ompliance with RULE able for a newly drilled	or deepened
(Sign	iature)	<del></del>	well this form mi	net be accompan	iled by a tabulation of the dance with RULE 111.	the deviation
Independent Executor of	of the Cata	te of J.Blair	All sections	of this form mus	it be filled out complete	ely for allow-
·	itle)	Cherry, de	able on new and	recompleted we	ile.	
February 21	ate)		well name or num	ber, or transporte	III, and VI for change en or other such change	of condition.

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 completed wells.