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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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-11
Effective 1-1-65

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SEP - 5 1978

Operator HARLAN OIL COMPANY		D. C. C. ARTESIA, OFFICE	
Address P. O. BOX 668, ARTESIA, NEW MEXICO 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Change of operator from Mountain States Petroleum Corporation	
Recompletion ☐			
Change in Ownership ☒			
If change of ownership give name and address of previous owner		Box 1936 Roswell N.M. 88201	

I. DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name Featherstone Federal	Well No. 1	Pool Name, including Formation Shugart	Kind of Lease State, Federal or Fee Federal
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East		Lease No. LC069033	
Line of Section 4	Township 19S	Range 31E	County EDDY

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Navajo Crude Oil Purchasing Company		P. O. Drawer 175, Artesia, N. M. 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐				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 J	Sec. 4	Twp. 19S	Rge. 31E	Is gas actually connected? When

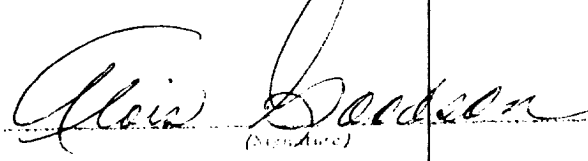
If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Some Rest's, Fill, etc.	
Designate Type of Completion - (X)															
Date Spudded	Date Comp. Ready to Prod.	Total Depth				P.B.T.D.									
Elevations (DT, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth									
Perforations						Depth Casing Shoe									

TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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 Test Taken	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Rate	Water-Rate	Gas-MCF

GAS WELL		Dels. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Rate of (flow, tank, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED SEP - 6 1978	
 Agent		BY W. A. Gressett	
September 1, 1978		TITLE SUPERVISOR, DISTRICT II	
		This form is to be filed in compliance with RULE 1104.	
		If this be a request for allow able for a newly drilled or reworked well, this form must be accompanied by a tabulation of the monthly production on the well in accordance with RULE 111.	
		All entries of this form must be filled out completely and with the correct and complete values.	
		Fill out only Sections I, II, III, and IV for change of ownership, new or modified, or transporter, or other such change of conditions.	