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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-84
Format 08-87
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator W & W Oil, Incorporated	
Address P.O. Box 427 Lovington, NM 88260	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
If change of ownership give name and address of previous owner <u>Energy Resources</u> <u>B F Producers, Inc.</u> P.O. Box 866816 Plano, TX 75086	

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Featherstone Federal	Well No. 1	Pool Name, including Formation Shugart - Y - SR - Q - G	Kind of Lease State, Federal or Fee Federal	Lease No. 69033
Location Unit Letter <u>L</u> ; <u>990</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u>				
Line of Section <u>5</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

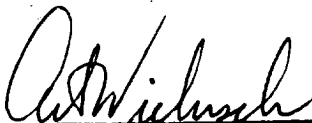
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas - New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88241										
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) <u>Post ID-3</u>										
<table border="1"> <tr> <th>If well produces oil or liquids, give location of tanks.</th> <th>Unit</th> <th>Sec.</th> <th>Twp.</th> <th>Rge.</th> </tr> <tr> <td></td> <td>L</td> <td>5</td> <td>19S</td> <td>31E</td> </tr> </table>	If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		L	5	19S	31E	Is gas actually connected? <u>Post ID-3</u> When <u>10-30-87</u> <u>chg of name</u> <u>chg LT: PER</u>
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.							
	L	5	19S	31E							
If this production is commingled with that from any other lease or pool, give commingling order number: _____											

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

(Signature)
President

October 7, 1987

(Date)

OIL CONSERVATION DIVISION

OCT 30 1987

APPROVED _____

BY _____
Original Signed By
Mike WilliamsTITLE _____
Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of all deviated 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 change of owner well name or number, or transporter, or other such change in commodity.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole
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		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or greater than 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 (plug, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size