

OIL CONSERVATION DIVISION

|                         |  |
|-------------------------|--|
| OFFICE OF THE SECRETARY |  |
| ADMINISTRATIVE          |  |
| SALES & MARKETING       |  |
| FILE                    |  |
| U.S.G.S.                |  |
| LAND OFFICE             |  |
| TRANSPORTER             |  |
| OPERATOR                |  |
| PROMOTION OFFICE        |  |

RECEIVED BY  
NOV 19 1984  
ARTESIA, OFFICE

P. O. BOX 1510  
MIDLAND, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Point Petroleum Corp.

Address: P. O. Box 3805, Midland, Texas 79702

Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒

Other (Please explain): Effective 11 - 1 - 83

If change of ownership give name and address of previous owner: Southland Royalty Co., 21 Desta Drive, Midland, TX 79705

I. DESCRIPTION OF WELL AND LEASE

|   |                      |   |  |                            |
|---|----------------------|---|--|----------------------------|
| Lease Name<br><u>Featherstone</u>   | Well No.<br><u>4</u> | Pool Name, including Formation<br><u>Shigart (Y. SR. Q. G.)</u> | Kind of Lease<br>State, Federal or Free <u>Federal</u> | Lease No.<br><u>069033</u> |
| Location<br>Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u><br>Line of Section <u>5</u> Township <u>19 south</u> Range <u>31 east</u> , NMPM, <u>Eddy</u> County |                      |   |  |                            |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Texas New Mexico Pipeline</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 1510, Midland, Tx 79702</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>None</u>                         | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids, give location of tanks:<br>Unit <u>K</u> Sec. <u>5</u> Twp. <u>19S</u> Rge. <u>31E</u>                              | Is gas actually connected? <input type="checkbox"/> When  |

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

II. COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |           |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-----------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res. | Diff. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |           |            |
| Elevations (DF, RAB, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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  |

Post # 10-3  
11-23-84  
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GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

IV. 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 above is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)

Vice - President  
(Title)

11-16-84

OIL CONSERVATION DIVISION

NOV 20 1984

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 100.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells now and being drilled.  
Fill out only Sections I, II, III, and VI for changes of existing information.  
The information furnished on this form is for the use of the Oil Conservation Division and is not to be distributed outside the Division.