RECEIVED BY

JAN 22 1986

O. C. D. ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

-0. 07 (0740 000	4440	Π	
DISTRIBUTION			
SANTA PE			
FILE			7
U.8.5.8.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator				
Point Petroleum Corporation ✓				
P.O. Box 3805, Midland, TX 79702				
Reason(s) for filing (Check proper box) Other (Please explain)				
New Well Change in Transporter of:				
Recompletion Oil Dry Gas Effective 1/19/86	ry Gas Effective 1/19/86			
Change in Ownership Casinghead Gas Condensate	condensate			
If change of ownership give name				
and address of previous owner				
II December on or west the second				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease	Legae No.			
Featherstone 8 4 Shugart (Y.SR.Q.G.) Stone, Federal or Fee Federal				
Location	1			
Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East				
·				
Line of Section 5 Township 19S Range 31E , NMPM, Eddy	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to the company of				
Name of Authorized Transporter of Oil or Condensate People Give address to which approved copy of this form is a People Crudo Oil Company People Bux 2297, MICLAND, IX / Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a life well produces oil or liquids. Unit Sec. Twp. Rgs. Is gas actually connected? When	9702			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to P.O. Bux 2297, MIGLAND, TX / Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the company of the form is to the company of the form is to the company of the copy of the form is to the company of the copy of the	9702			
Name of Authorized Transporter of Oil or Condensate People Give address to which approved copy of this form is a People Crudo Oil Company People Bux 2297, Midland, TX / Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a life well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When give location of tanks.	9702			
Name of Authorized Transporter of Oil or Condensate People Give address to which approved copy of this form is to People Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the first produces oil or liquids, K Sec. Twp. Rgs. Is gas actually connected? When give location of tanks. K 5 19S 31E If this production is commingled with that from any other lease or pool, give commingling order number:	9702			
Name of Authorized Transporter of Oil or Condensate People Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the People Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the People of the Indian	9702			
Name of Authorized Transporter of Oil or Condensate Peoch Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a state of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a state of the produces oil or liquids, and the state of the production of tanks. 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 Address (Give address to which approved copy of this form is a state of the production of tanks approved copy of this form is a state of the production of tanks. OIL CONSERVATION DIVISION	9702			
Name of Authorized Transporter of Oil or Condensate Personal Crisco Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Personal Perso	9702			
Name of Authorized Transporter of Oil or Condensate Pecca Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to which approved copy of this form is to Pecca Box 2297, Midland, TX / Address (Give address to whic	9702			
Name of Authorized Transporter of Oil or Condensate Peo. Box 2297, MIDIAND, TX Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a produce of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is a life this produces oil or liquids, and the complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE The production of the Coll Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Address (Give address to which approved copy of this form is a production of the control of this form is a production of the control of this form is a production of the control of this form is a production of the control of this form is a production of the control of	9702			
Name of Authorized Transporter of Oil or Condensate Period Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Period Oil Conservation 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. Address (Give address to which approved copy of this form is to Period Oil Conservation Division have been complied with the from any other lease or pool, give commingling order number: Address (Give address to which approved copy of this form is to Period Oil Conservation or true and complete to the best of the Period Oil Conservation Division have been complied with and that the information given is true and complete to the best of the Period Oil Conservation Division have been compliced with and that the information given is true and complete to the best of the Period Oil Conservation Division	9/UZ o be sent)			
Name of Authorized Transporter of Oil or Condensate Peo. Box 2237, MIdIand, TX Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the filed in compiliance with roll and compilian	9/02 o be sent)			
Name of Authorized Transporter of Oil or Condensate Peer Crudo Oil Company Name of Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is the Peer Box 2297, MIGIAND, TX 7 Name of Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is the first set of the Peer Crudo Oil Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is the first set of the Peer Crudo Oil Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is the first set of the production of tanks. If well produces oil or liquids, K is a set of the first set of the production of tanks. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby 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. TITLE STIPERKINOR DISTRICT II	1104, d or deepensed the deviation			
Name of Authorized Transporter of Oil or Condensate Peor Crudo Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Peor Oil Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to give location of tanks. If well produces oil or liquids, When give location of tanks. If this production is commingled with thet 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 Cherchy 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. TITLE SUPERUSOR DISTRICT II This form is to be filled in compliance with RULE II this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE III All sections of this form must be filled out complete to the public of the office of the form must be filled out complete.	1104. d or deepened the deviation.			
Name of Authorized Transporter of Oil or Condensate Pec Box 2297, MIdland, TX / Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to the filed in compliance with mule staken on the well in accordance with Mule 111 files to a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with Mule 111 files to a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with Mule 111 files to be filed in accordance with Mule 111 files to the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule 111 files files the well in accordance with Mule	1104. d or deepened the deviation. tely for ellora-			

tion = (X)	MOTOVAT DAD	Plug Back Same Resty, Diff. Resty	
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
		Depth Casing Shoe	
TUBING, CASING,	AND CEMENTING RECORD		
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
FOR ALLOWABLE (Test must in able for the	re after recovery of total volume of loa a depth or be for full 24 hours)	d oil and must be equal to or exceed top allow-	
Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Cosing Pressure	Choke Size	
Oil-Bhis.	Water - Bbls.	Gae - MCF	
The court of Tarri	Thus Continued to the		
	i Bbie. Condensate/MMCF	Gravity of Condensate	
Tubing Pressure (Shut-is)			
	Date Compl. Ready to Prod. TUBING, CASING, A CASING & TUBING SIZE TFOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth Top Oil/Gas Pay TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET TFOR ALLOWABLE (Test must be after recovery of total volume of loa able for this depth or be for full 24 hours) Date of Teet Producing Method (Flow, pump, a total Pressure) Oil-Bble. Water-Bble.	

IV. COMPLETION DATA