

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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OIL CONSERVATION DIVISION  
RECEIVED BY  
FEB 10 1987  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
O. C. D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Floyd M. Osbourn - Helen M. Osbourn

Address  
203 East Main St, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Featherstone State	Well No. 2	Pool Name, including Formation Millman- Grayburg	Kind of Lease State, <del>FEATHERSTONE</del>	Lease No. Lg-2724
Location				
Unit Letter <u>0</u> : <u>2310</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>18</u> Township <u>19s</u> Range <u>28 E</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico 88210
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 18 19 28 no.

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.

Floyd M. Osbourn  
(Signature)  
Owner  
(Title)  
2-9-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 10 1987  
BY Les H. Clement  
TITLE SUPERVISOR, DISTRICT 4

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'ty. X	Diff. Res'ty.
Date Spudded 1-30-1987	Date Compl. Ready to Prod. 2-4-1987	Total Depth 1915			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3517 Gr.	Name of Producing Formation Grayburg		Top Oil/Gas Pay			Tubing Depth 1848			
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 exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-4-87	Date of Test 2-6-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure 15 lbs.	Casing Pressure 15 lbs.	Choke Size
Actual Prod. During Test 8 Bo.	Oil - Bbls. 8 EOPD	Water - Bbls. 0	Gas - MCF

#### 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