

RECEIVED

JUL 31 1981

O. C. D.  
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	T
FILE	T
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**C. E. Staples** ✓  
Address  
P.O. Box 64548, Dallas, Texas 75206

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

Other (Please explain)  
Dry Gas   
Condensate

If change of ownership give name and address of previous owner Arwood Ltd. - P.O. Box 64548, Dallas, Texas 75206

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Featherstone</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Big Jackson Q-G-SA</b>	Kind of Lease State, Federal or Fee State	Lease No. <b>B-10920</b>
Location Unit Letter <b>F</b> : <b>1650</b> Feet From The <b>West</b> Line and <b>2310</b> Feet From The <b>North</b> Line of Section <b>2</b> Township <b>17</b> Range <b>31</b> , NMPM, <b>Eddy</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 175 -Artesia, N. Mex. 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>F</b>	Sec. <b>2</b>	Twp. <b>17</b>	Rge. <b>31</b>
	Is gas actually connected?		When	
	<b>No</b>			

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

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 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

**C. E. Staples**  
BY: Frazier Arwood FRAZIER ARWOOD -  
(Signature)  
Owner-Operator  
July 27, 1981 (Title)  
Effective 9-1-81 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 1 1981  
BY W. A. Gissett  
TITLE SUPERVISOR, DISTRICT II

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 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 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 multiphase completed wells.