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NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes Old O-104 and O-110  
 Effective 1-1-65

RECEIVED

MAR 25 1965

I. Operator: **Hugh L. Johnston, Sr.**

Address: **831 Petroleum Building, Roswell, New Mexico**

Reason(s) for filing (Check proper box):  
 New Well:  Change in Transporter of:   
 Repeat Well:  Oil:  Dry Gas:   
 Change in ownership:  Casinghead Gas:  Condensate:

Other (Please explain): **O. C. C. ARTERIA OFFICE**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<b>Green Federal</b>	<b>1</b>	<b>Undesignated (Premier)</b>	State, Federal or Fee <b>Federal</b>
Location:			
Tract Letter <b>D</b>	<b>330</b>	Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b>	
Line of Section <b>31</b>	Township <b>17 South</b>	Range <b>29 East</b>	County <b>Eddy</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>The Permian Corporation</b>	<b>Box 4157, Midland, Texas</b>					
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 <b>D</b>	Sec. <b>31</b>	Twp. <b>17</b>	Req. <b>29</b>	Is gas actually connected? <b>No - Vented</b>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Flag Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spurred <b>2-11-65</b>	Date Compl. Ready to Prod. <b>3-22-65</b>	Total Depth: <b>2592</b>	E.S.T.D.					
Pool <b>Undesignated</b>	Name of Producing Formation <b>Premier</b>	Top Oil/Gas Pay <b>2533</b>	Taking Depth <b>2464</b>					
Perforations <b>2533' to 2543' 20 Shots</b>	Depth Casing Shoe <b>2592</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>8 5/8"</b>	<b>484</b>	<b>50</b>					
<b>8"</b>	<b>5 1/2"</b>	<b>2592</b>	<b>175</b>					

V. 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 <b>3-22-65</b>	Date of Test <b>3-22-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure <b>220</b>	Choke Size <b>16/64ths</b>
Actual Prod. During Test <b>72 bbls.</b>	Oil-Bbls. <b>72</b>	Water-Bbls. <b>-0-</b>	Gas-MCF
<b>2816 c.c. air factor 0.725</b>			
GAS WELL			
Actual Prod. Test-MCF/L	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

*Nancy King*  
 (Signature)  
 Agent  
 (Title)  
 March 25, 1965  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 25 1965**, 19  
 BY *W. A. Gressitt*  
 TITLE **OIL AND GAS INSPECTOR**

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 Sections I, II, III, and VI only 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