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

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

Operator		Hugh L. Johnston, Sr. ✓		RECEIVED MAY 6 1965 O. C. C. ARTESIA, OFFICE
Address		831 Petroleum Bldg. - Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Green Federal	Well No.	2	Pool Name, including Formation	Artesia Under Jackson	Kind of Lease	State, Federal or Fee	Federal
Location	Unit Letter C ; 330 Feet From The North Line and 1383 Feet From The West							
Line of Section	31	Township	17S	Range	29E	NMCM,	Eddy	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"/>	The Permian Corporation			Address (Give address to which approved copy of this form is to be sent)			Box 4157 - Midland, Texas 79704
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Co.			Address (Give address to which approved copy of this form is to be sent)			Natural Gas Dept. - Hobbs, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	C	31	17S	29E	No	Vented	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.T.D.			
3-26-65	5-4-65		2626'					
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Artesia	Premier		2538'		2460			
Perforations					Depth Casing Shoe			
2538' to 2546' w/2 shots per foot					2626			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		450		50			
8"	5 1/2"		2625		150			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-4-65	5-4-65	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	65#	200	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
104	104	-0-	

GAS WELL

Actual Prod. Test-MCF/D	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.

Marjorie Thompson
(Signature)
Accountant
(Title)
May 5, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 6 1965, 19
BY M. L. Armstrong
TITLE

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