

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Point Petroleum Corporation

Address P.O. Box 3805, Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain) Effective 1/19/86

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Featherstone Federal A</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart (Y.SR.Q.G.)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>069033</u>
Location				
Unit Letter <u>H</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>5</u>	Township <u>19S</u>	Range <u>31E</u>	<u>Eddy</u> County	N.M.P.M.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Crude Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2297, Midland, TX 79702</u>
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) <u>Post ID-3</u> <u>2-14-86</u> <u>Chg LT:TNM</u>
If well produces oil or liquids, give location of tanks.	Unit: <u>H</u> Sec: <u>5</u> Twp: <u>19S</u> Rge: <u>31E</u>
Is gas actually connected?	When

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.

Brian M. Sizemore
Vice President
(Signature)
(Title)
1/19/86
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 6 1986, 19____
BY _____
Original Signed By
Les A. Clements
TITLE _____
Supervisor District # _____

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				

Date Spudded	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Perforations
Elevations (DF, RKB, RT, CR, etc.)	Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bble.	Water-Bble.
	Gas-MCF	Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (Pilot, Back pr.)	Tubing Pressure (Bblc-Tm)	Casing Pressure (Bblc-Tm)	Choke Size