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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
FEB 1 11 49 AM '67

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

I. OWNER  
Name Olen F. Featherstone II  
Address 236 Petroleum Bldg., Roswell, New Mexico  
Reasons for filing (Check proper box) (Other, Please explain.)  
New well ☐ Change in transportation ☐ Request for gas allowable will  
Transportation ☐ all ☐ dry gas ☐ produce Zone #2 only  
Change in ownership ☐ Reservoirs ☐ Transmitter ☐ Zone #1 & #2 separated with packer  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Well Name Federal M-23 Section 1 Township Todd-San Andres Range Federal  
County M Section 99C Township South Range 99D East from the West  
Section 23 Township 7 South Range 35 East Township Roosevelt Range \_\_\_\_\_

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of transporter (Company or individual) NONE Address (Give address to which approved copy of this form is to be sent)  
Name of transporter (Company or individual) Cities Service Oil Company Address Bartlesville, Oklahoma  
How is gas being transported? (Check one) ☒ By pipeline ☐ By truck ☐ By rail ☐ By other means  
How is oil being transported? (Check one) ☐ By pipeline ☐ By truck ☐ By rail ☐ By other means  
Date of filing August 13, 1965

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)  
☐ Open hole ☒ XX ☐ Perforated ☐ Screen ☐ Plug back ☐ Sand pack ☐ Other (specify) \_\_\_\_\_  
Name of completion contractor \_\_\_\_\_  
Name of completion company \_\_\_\_\_  
Date of completion \_\_\_\_\_  
Depth of completion \_\_\_\_\_  
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.  
Location of well (Section, Township, Range) \_\_\_\_\_ Date of Test \_\_\_\_\_  
Flowing method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Location of test \_\_\_\_\_ Tubing pressure \_\_\_\_\_ Surface pressure \_\_\_\_\_ Choke size \_\_\_\_\_  
Artificial lifting method \_\_\_\_\_ Oil-Produ. \_\_\_\_\_ Water-Produ. \_\_\_\_\_ Gels-Produ. \_\_\_\_\_  
GAS WELL  
Artificial lifting method \_\_\_\_\_ Date of Test \_\_\_\_\_  
Flowing method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Location of test \_\_\_\_\_ Tubing pressure \_\_\_\_\_ Surface 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.  
Signature Charles W. Hicks  
General Manager  
January 30, 1967  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
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