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U.S.G.S.  
LAND OFFICE  
TRANSPORTER ☐ OIL ☐ GAS  
OPERATOR  
PRORATION OFFICE

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

FEB 1 11 50 AM '67  
O.C.C.

I. **OWNER**  
Name: Olen F. Featherstone II  
Address: 236 Petroleum Bldg., Roswell, New Mexico  
Reasons for filing (check proper box):  
New Well ☐ Change in Transporter of ☐ Other (Please explain) Request gas allowable  
Recompleting ☐ Oil ☐ Dry Gas ☐ Will produce Zone #2 only  
Change in ownership ☐ Gashead Gas ☐ Condensate ☐ 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 H-27 Well No.: #1 Lease Name: Todd-San Andres State: Federal  
Section: H Township: 1650 Range: North Line: 990 Feet from Top: East  
Section: 27 Township: 7South Range: 35 East Line: Roosevelt

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Approved Transporter (Oil or Condensate): NONE  
Name of Approved Transporter (Gashead Gas): Cities Service Oil Company Address: Bartlesville, Oklahoma  
If well produces oil or liquids, give bottom hole pressure: NO YES February 2, 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)  
Oil Well ☐ Gas Well ☐ New Well ☐ Deepener ☐ Plug Back ☐ Some other, List below:  
Date of Completion:        Name of Completion Firm:        Total Depth:         
Name of Producing Formation:        Top Oil Gas Pay:        Total Depth:         
Depth to 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:        Well No.:        Date of Test:        Producing Method (Flow, pump, gas lift, etc.):         
Length of Test:        Shut-in Pressure:        Casing Pressure:        Casing Size:         
Actual Flow during Test:        Oil-Boils:        Water-Boils:        Gas-MCF:       

GAS WELL  
Actual Flow during Test:        Length of Test:        Boils, Condensate MCF:        Gravity of Condensate:         
Testing Method (pilot, back pr.):        Shut-in Pressure:        Casing Pressure:        Casing 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.  
Charles W. Hicks  
(Signature)  
General Manager  
(Title)  
January 30, 1967  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED       , 19  
BY         
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