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FILE
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
10225 OFFICE
60429 GA 11 59 AM '65

I. OWNER
Name: **OLEN F. FEATHERSTONE II**
Address: **236 Petroleum Building, Roswell, New Mexico 88201**
Reason for filing (check proper box) Other (Please explain)
Ownership: ☐ Lease ☐ Interest in Property (check box)
Production: ☐ Oil ☐ Gas ☐ Both ☐ Other
Transporter: ☒ **X & Operator**

If change of ownership give name and address of previous owner: **Olen F. Featherstone II TRUST, Petroleum Bldg., Roswell, N.M.**

II. DESCRIPTION OF WELL AND LEASE
Well Name: **Federal M-24** Well No.: **#2** Lease Name: **Todd-San Andres (cont.)** County: **Federal**
Direction: **M** **990** Feet from the **South** **990** Feet from the **West**
Section: **24** Township: **7-South** Range: **35-East** County: **Roosevelt**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Transporter: **-NONE-** Address (Give address to which approved copy of this form is to be sent):
Name of Transporter: **Capitan Petroleums, Inc.** Address: **3707 Rawlins Ave., Dallas 19, Texas**
If well is owned by a company, give name of company: **YES** Date: **8-13-65**

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)
Date Drilled: Date Compl. Ready to Flow: Total Depth: Production:
Name of Production Company: Log Well: Date Log: Production Log:
Test Results: Depth: Testing 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)
Test Name: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Test Results: Testing Pressure: Casing Pressure: Casing Size:
Water-Prod. Gas-Prod. Gas-MOR
GAS WELL
Actual Gas-Prod-MOR: Length of Test: Bbls. Condensate-MOR: Gravity of Condensate:
Testing Method (pitot, back pressure): Testing 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.
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

Charles W. Hicks
Charles W. Hicks (Signature)
Co-Trustee For Olen F. Featherstone II
Trust
November 26, 1965
(Date)