

REGISTRATION STATE
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 19 1970

O. C. I.

ARTESIA, OFFICE

AREA	
FILE	
GENERAL	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
 Shenandoah Oil Corporation ✓

Address
 1500 Commerce Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Effective 10-1-70

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Atlantic Richfield Co., Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dale H. Parke "A" Tr. 1	Well No. 5	Pool Name, including Formation Grayburg-Jackson Q.G.S.A.	Kind of Lease State, Federal or Fee	Lease No. LC 029020(a)
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> Texas - New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>30E</u>	Is gas actually connected? When <u>yes</u> <u>5-4-62</u>

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

T. P. Bates (Signature)
 Manager - Secondary

October 15, 1970 (Date)

OIL CONSERVATION COMMISSION

OCT 19 1970

APPROVED _____, 19____

BY: W. A. Gressett

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 cavitation tests taken on the well in accordance with rule 1101.

All portions of this form must be filled out completely for wells which are new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of status wells and only Sections I, II, III, and VI for new wells.

Submit Form 6001 with this form for each well completion.