DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED IRANSPORTER GAS OPERATOR PRORATION OFFICE JUN 4 1970 Operator Shenandoah Oil Corporation · 0. C. C. Address ARTESIA, OFFICE 1500 Commerce Building, Fort Worth, Texas 76102 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ Hugh L. Johnston, Sr., 719 Midland Tower Bldg., Midland, Texas DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. Continental B State 3 Artesia, Queen, Gr. & S.A. State, XXXXXXXXXXXX 4201 Location 990 Feet From The South Line and 1375 West Feet From The Unit Letter Range 29 E Township 17 S Eddy Line of Section , NMPM, County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil XX or Condensate Navajo Refining Co. Pipe Line Division North Freeman Avenue Artesia, New Mexico Name of Authorized Transporter of Casinghead Gas XI or Dry Gas Address (Give address to which approved copy, of the Part Augustical Petroleum Corporation If well are acceptation | P. O. Box 591, Tuloa, Oktlahoma & P. Box 591, Tuloa, Oktlahoma & P. O. Box 591, Tuloa, Oktlahoma & P. Box 591, Tuloa, Oktlahoma Name of Authorized Transporter of Casinghead Gas \overline{X} or Dry Gas $\overline{\Box}$ Address (Give address to which approved copy of this form is to be sent) Olelatroma Bry 68 Hofbe March 4, 1965 Same Res'v. Diff. Res'v. Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Cil-Bble. Water - Bbls. Gra - MCF

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size

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)

(Date)

Vice President, Secondary Operations (Title)

June 2, 1970

OIL CONSERVATION COMMISSION

APPROVED JUN 5 1970

OIL AND GAS INSPECTOR TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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, sell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply