

DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		2
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

RECEIVED

JUN 4 1970

Operator Shenandoah Oil Corporation ✓	
Address 1500 Commerce Building, Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) - 71 <b>ARTESIA, OFFICE</b> Gas Transporter Name Changed: From: Pan American Petroleum Corp. To: Amoco Production Co.	

If change of ownership give name and address of previous owner: Hugh L. Johnston, Sr., 719 Midland Tower, Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE

Lease Name Continental E, State	Well No. 4	Pool Name, including Formation Artesia, Queen, Gr., & S.A.	Kind of Lease State <del>XXXXXX</del> XXXX	Lease No. F 4201
Location Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1911</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>17 S</u> Range <u>29 E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Pan American Petroleum Corporation</del>	Address (Give address to which approved copy of this form is to be sent) <del>P. O. Box 591 Tulsa, Oklahoma</del> <b>Box 68 Hobbs</b>	
If well produces liquids, give location of tanks. <b>2-1-71</b>	Unit <u>L-8</u> Sec. <u>30</u> Twp. <u>17 S</u> Rge. <u>29 E</u>	Is gas actually connected? <u>Yes</u> When <u>June 21, 1965</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 144

Designate Type of Completion <b>Gas Transporter Name Changed: Amoco Production Co.</b>		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

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing 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.

T. P. B. to  
(Signature)  
Vice President, Secondary Operations  
(Title)  
June 2, 1970  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED <u>JUN 5 1970</u> , 19__	
BY <u>W. A. Gressett</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	
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 only Sections I, II, III, and VI 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 multiple.	