

SANTA FE		1	1
FILE		1	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

JUN 1970

O.S.C.
ARTESIA, OFFICE

Operator Shenandoah Oil Corporation	
Address 1500 Commerce Building, Fort Worth, Texas 79701	
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"/>

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Green Federal	Well No. 7	Pool Name, including Formation Artesia, Queen, Gr., & S.A.	Kind of Lease X1000, Federal or Ree
Lease No. NM 0555569			
Location			
Unit Letter B	990	Feet From The North	Line and 1650 Feet From The East
Line of Section 31	Township	17 S Range	29 E, NMPM, Eddy County

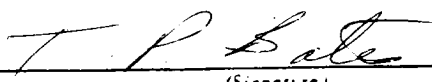
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Company Pipe Line Division		North Freeman Avenue Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company		Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit 8C	Sec. 31	Twp. 17 S Rge. 29 E
Is gas actually connected?		When	
Yes		1966	

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

COMPLETION DATA			
Designate Type of Completion - (X)			
Oil Well	Gas Well	New Well	Workover
Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.	
	
Vice President, Secondary Operations	
June 2, 1970	

OIL CONSERVATION COMMISSION	
APPROVED JUN 5 1970	
BY W. A. Gressett	
TITLE OIL AND GAS INSPECTION	
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 1111.	
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 multi-pool completed wells.	