ETATE OF NEW MEXICO FOR MA MARIANES DEPARTMENT		TION DIVISION	Form C-104 Revised 10-1-70
C (110)(0110)	P. O. BO		
(internet)	SANTA FC, NEW	MEXICO 87501	
V 6 0 4.	******************************		
LAND DIFICT	A1	R ALLOWABLE ND	RECEIVED
Crentifin /	Αυτιοκίζατιοι το τραγισ	PORT OIL AND NATURAL GAS	MAR 1 3 1979
Southland Royalty Cor	npany	·	
1100 Wall Toward West	t, Midland, Tx. 79701		O. C. C.
Fissen(s) for filing (Check proper	lox)	Other (Please explain)	
Seew Nelli	Change in Transporter of: Cil Dry Ga		· · ·
Change in Chanership	Casinghead Gas 🗍 Conder	Effective 2-1-79)
If change of ownership give nam	Shenandoah Oil Corp., 150	0 Commerce Bldg., Ft. Wo	orth, Tx. 76102
		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL AN	ID LEASE Well No. Pool Name, Including F		
Shugart D	7 Shugart (Y.SR.	Q.G.) · Stole, Federa	^{al or For} Federal 71-029387-B
Unit Letter ;	990 Feel From The North Lin	io and 890 Feet From	The West
30	100	31E , NMPM, Eddy	County
Line of Section JU	Township 185 Range	JIE , Markey Eddy	
DESIGNATION OF TRANSPO Nore of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)
Water Injection Well		Address (Give address to which appro	indexes of this form is to be sent?
None of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	
li well produces cil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	nën
c.ve location of tanks.		rive commingling order number:	<u>`</u>
f this production is commingled COMPLETION DATA	with that from any other lease or pool,	New Well Workever Deepen	Plug Back Same Resty, Diff. Rests
Designate Type of Compl			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc	"ame of Producing Formation	Top Oll/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE			
			i de la companya de l
TEST DATA AND REQUEST	r FOR ALLOWABLE (Test must be a oble for this d	epth or be for full 24 hours)	l and must be equal to or exceed top allo
Date First New Oll Run To Tenks	Date of Test	Producing Method (Flow, pump, 103	liji, elc.j
Length of Test	Tubing Pressue	Casing Pressure	Choke Size
	Oil-Bbls.	Wate:-Bbls.	Gas-MCF
Actual Prod. During Test			
CAC WELL			·
GAS WELL Actual Frad. Tool-MCF/D	Langth of Test	Bbls. Condenacte AddCF	Gravity of Condeneate
Teering kiethod (piros, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (Shut-in)	Chole Size
· · · · · · · · · · · · · · · · · · ·			
CERTIFICATE OF COMPLI	ANCE		TION DIVISION
I bereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED_MAR 1 6 1979 . 14	
All	A. /		a compliance with HULE Tive, owable for a newly dilled or deepen
C. Herney	Han Sichature)	If this is a request for all well, this form must be accomp toots taken on the well in acc	SHOLD OV IN LEDULETION OF THE METHOD
District En	gineer	All sortions of this form r	oust be filled out completely for allo
חד ונ	(7-11a)	alle on new and recompleted	weither and We for changes of even
3-1-79	(Date)	Wall name of monoter, of Gaussie	in the ther such thenks of conditi-

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. [NO. OF COPIES RECEIVED]	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G		
Ļ	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104	
ŀ	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-55	
┝	FILE /		AND		
┢	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS REE	
F		1	Ŷ	- CET.	
	TRANSPORTER GAS]		N. VEL	
	OPERATOR /			AUG, D	
1.	PRORATION OFFICE	l			
	Shenandoah Oil Corp	oration		ARTEBIA C. C.	
ł	Address			OFF.	
	406 Mutual Savings H	3ldg., Ft. Worth, Texas 76	3102	C.	
-	Reason(s) for filing (Check proper box))	Other (Please explain)		
	New Well	Change in Transporter of:			
Ŀ	Change in Ownership X	Casinghead Gas Conden			
	f change of ownership give name	V. S. Welch, Booker Bldg	Artesia. New Mexico		
æ	and address of previous owner		, and bar incarto		
II. <u>1</u>	DESCRIPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·		
Ī	Lease Name	Well No. Pool Name, Including Fo	1111		
-	Shugart "D"	87 Shugart-Grayb	urg potter, realin		
		0 Feet From The North Line	e and Feet From 7	west	
	Unit Letter;;	Feet From TheLine	e and Feet From .		
	Line of Section 30 Tow	vnship 18S Range 3	1E , NMPM, Eddy	County	
u. j	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	and conv of this form is to be sent)	
	Name of Authorized Transporter of Oil				
╞	Texas-New Mexico P Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Box 1510, Midland, T Address (Give address to which approx	exas ved copy of this form is to be sent)	
	Phillips Petroleum C		Bartlesville, Okla.		
ŀ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en /	
	give location of tanks.	F 30 18S 31E	Yes U	1600m 2-1-63	
1	f this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
v . ;	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Ì	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			<u> </u>	Depth Casing Shoe	
	Perforations			Depth Casing silve	
TUBING, CASING, AND CEMENTING RECORD					
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ŀ					
Ī					
l					
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be aj able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
ĩ	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
ļ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	Wdier - DDia.		
				<u></u>	
	GAS WELL				
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Ohaha Siza	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	71. 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.		OIL CONSERVATION COMMISSION		
			In I. D. Gre	and I. D. Gresset	
			TITLE ONLAND GAS INSPECTOR		
		24	This form is to be filed in	compliance with RULE 1104.	
	_ 7. P. L	Sater	If this is a request for allow	wable for a newly drilled or deepened anied by a tabulation of the deviation	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Supervisor of Second		All sections of this form must be filled out completely for allow- able 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.		
	•	it le)			
	August 2, 1967	ate)			
			Separate Forms C-104 mus completed wells.	at be filed for each pool in multiply	
			I compteted wetter		