

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

Operator	Shenandoah Oil Corporation ✓		1970
Address	1500 Commerce Building, Fort Worth, Texas 76102		O.C.C. ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)		
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 V. S. Welch Drawer W Artesia, New Mexico 88210

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hinkle F	4	Shugart	<del>State, Federal</del> <del>XXXX</del>	LC 029392B
Location				
Unit Letter	E	1650 Feet From The North Line and 990 Feet From The West		
Line of Section	27	Township 18S Range 31E, NMFM, Eddy	County	

II. 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)					
Texas-New Mexico Pipe Line Company	Box 1510 Midland, Texas					
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	Box 6666 Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	27	18S	31E	Yes	8-13-65

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

III. 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		

IV. 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

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.

[Signature]  
(Signature)  
June 16, 1970  
(Title)  
Vice President, Secondary Operations  
(Date)

OIL CONSERVATION COMMISSION  
JUN 19 1970  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
TITLE OIL AND GAS INSPECTOR

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 multiply completed wells.