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	GAS	
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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

I. Operator **SHENANDOAH OIL CORPORATION**

Address **1018 Commerce Bldg., Ft. Worth, Texas 76102**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "C"	Lease No. B-2516	Well No. 1-Y	Pool Name, Including Formation Maljamar GR-SA	Kind of Lease State, Fixed Lease
Location Unit Letter G ; 2140 Feet From The North Line and 1980 Feet From The East Line of Section 8 Township 17S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit E Sec. 8 Twp. 17 Rge. 33E Is gas actually connected? Yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: **CTE No. 52**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-27-68	Date Compl. Ready to Prod. 2-26-68	Total Depth 4475'		P.B.T.D. 4470'				
Elevations (DF, RKB, RT, GR, etc.) 4203 GR	Name of Producing Formation Crayburg	Top Oil/ Gas 4265'		Tubing Depth 4313'				
Perforations 4265-4279 4318-4322	4354-4364 4368-4373	4380-4383 4386-4398		Depth Casing Shoe 4470				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 32#		366'		500 (circulated)			
7-7/8"	5-1/2" 14#		4470'		250 Pos w/2% CaCl₂			
					Survey top 3450			

V. 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 Feb. 27, 1968	Date of Test Feb. 28 to 29	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 70 bbls total	Oil-Bbls. 65	Water-Bbls. 5	Gas-MCF 56.7 GGL 872

GAS WELL

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

VI. 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.

Supervisor, Secondary Recovery
February 29, 1968

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **[Signature]**

TITLE _____

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.