, OF COPIES RECEIVED DISTRIBUTION NTA FE ILE u.s.g.s. LAND OFFICE OIL TRANSPORTER GAS

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

mil O

 $\overline{}$

GAS	RECEIVED		
PERATOR RORATION OFFICE	JAN 6 - 1975		
rator			
Shenandoah Oil Corporation		-/	O. C. C.
1500 Comme	erce Building, Fort Worth,	Texas - 76102 Other (Please explain	ARTESIA, DEFICE
ison(s) for filing (Check proper box)	Change in Transporter of:		and the ole
w We!l	Oil Dry Gas	Get Allow	able back
completionange in Ownership	Casinghead Gas Condensat	e	
hange of ownership give name address of previous owner			-
,	EASE		Kind of Lease
SCRIPTION OF WELL AND L	20-0-1	, Including Formation Millian Morrow	State, Federal or Fee State
State CJ	R 0)1 //12		
ocation (4)	Feet From TheNine c	1650 Fee	t From The
Unit Letter G; 165		·	Eddy County
Line of Section 24 Tow	mship 20S Range 26	δE , NMPM,	Eddy
Line of Section			
ESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which	ch approved copy of this form is to be sent)
Jame of Authorized Transporter of Off		Litte @ Washingto	n Odessa Texas - 79760
Phillips Petroleum	singhead Gas or Dry Gas	Address (Give address to whi	ch approved copy of this form is to be sent)
Name of Authorized Transporter of t	4		When
) and or liquids.	Unit Sec. Twp. Ege.	Is gas actually connected?	
f well produces oil or liquids, give location of tanks.		Yes	her
this production is commingled wi	th that from any other lease or pool, g	give commingling order num	eenen Plug Back Same Resty. Diff. Resty.
COMPLETION DATA	Oil Well Gas Well	New Well Workover De	eepen Plug Back Same Hesty. Diff. Nesty.
Designate Type of Completion	on - (X) Gas	1	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth 10,516	10,447
11-15-67	2-11-68	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation McMillian Morrow	10,349	10,148
3308 DF			Depth Casing Shoe
Perforations 347 - 345 - 3	20 - 316 - 291 - 275 - 27	<u>4 - 241 - 240 </u>	10,515
10349 - 341 377 3	TUBING, CASING, AND	CEMENTING	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	485
17 1/2	13 3/8	2700	850
12 1/4	8 5/8 5 1/2	10515	950
8 1/2	0.070	10148	
PEONEST		after recovery of total volume	of load oil and must be equal to or exceed top allow
TEST DATA AND REQUEST OIL WELL	able for this di	epth or be for full 24 hours) Producing Method (Flow, p	
Date First New Oil Run To Tanks	Date of Test	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	I uping Pressure		Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-wor
Actual Prod. During			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test 24 hrs	0	•595
250 Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (phot, ouch pro)	300#	600#	
. CERTIFICATE OF COMPLIA	ANCE	I.I.	ONSERVATION COMMISSION
		ABBROVED	, 19
I hereby certify that the rules a	and regulations of the Oil Conservation with and that the information give	in	
I hereby certify that the rules and regulations of the office of the Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		t. BY	
800As 12 tine sur comband		TITLE	
			the stand in compliance with RULE 1104.
1111	P	If this is a requ	est for allowable for a newly difficult of the deviat
Ra Briffeld (Signature)		well, this form must	the accompanies with RULE 111.
Dist Prod.			this form must be illied out completely
(Title)		able on new and rec	completed words
1-3-75		Fill out only S	sections I, II, III, and VI for changes of own or transporter, or other such change of condition, or transporter, or other such change in multi-
	(Date)	Separate Forms	C-104 must be filed for each pool in multi
		completed wells.	