

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE					
Shenandoah Oil Corporation		1500 Commerce Building, Fort Worth, Texas		76102		D. C. C.		ARTESIA, OPM											
Reason(s) for filing (Check proper box)												Other (Please explain)							
New Well												Change in Transporter of:							
Recompletion												Oil				Dry Gas			
Change in Ownership												Casinghead Gas				Condensate			
If change of ownership give name and address of previous owner																			
Hugh L. Johnston, Sr., 719 Midland Tower Bldg., Midland, Texas 79701																			
DESCRIPTION OF WELL AND LEASE																			
Lease Name				Well No.		Pool Name, Including Formation				Kind of Lease				Lease No.					
Five-J				1		Artesia, Queen, Gr. & S.A.				State, TEXAS				647					
Location																			
Unit Letter I, 1650 Feet From The South Line and 330 Feet From The East																			
Line of Section 25 Township 17 S Range 28 E, NMPM, Eddy County																			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																			
Name of Authorized Transporter of Oil or Condensate										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 or Dry Gas										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 Sec. Twp. Rge. Is gas actually connected? When																			
T 25 17 S 28 E Yes April 21, 1965																			
If this production is commingled with that from any other lease or pool, give commingling order number:																			
COMPLETION DATA																			
Designate Type of Completion - (X)																			
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																			
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL																			
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																			
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.																			
APPROVED JUN 5 1970																			
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.																			
T. P. Bates																			
Vice President, Secondary Operations																			
June 2, 1970																			