DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
IL	1				
AS	1				
OPERATOR					
PRORATION OFFICE					
	AS E	AS I			

NEW MEXICO OIL CONSERVATION COME ON REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	IRANSPORTER OIL I		RECEIVED								
	GAS /										
1.	JUN 1 1 1973										
SHENANDOAH OIL CORPORATION D. C. C.									·		
	ARTESIA, UFFICE										
	Reason(s) for filing (Check proper box) Other (Please explain) (Lange for Alambar)										
	New Well		Other (Please explain) Change les flants Change lease name from:								
	Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate F. M. Robinson "A" Unit II										
	If change of ownership give name and address of previous owner_	ne			1. 11. 101	2113011	A Offic 1.	<u>.</u>			
11.	DESCRIPTION OF WELL AN	ND LEAS	F								
	Lease Name Robinson-Jac	kson	Well No. Pool Name, Including		1	(ind of Leas			Lease No.		
	Unit Tract 1		14 Grayburg-Jack	kson	×	XXXX Federa	XXXXX LC ()28775	(a)		
	Unit Letter P; 25 Feet From The South Line and 1,295 Feet From The East										
	Line of Section 27	Township	17S Range	29E	, NMPM,		Eddy		County		
III.	DESIGNATION OF TRANSPO	ORTER (OF OIL AND NATURAL G	AS							
	Name of Authorized Transporter of	ton 💢	or Condensate	Address (C			ved copy of this		e sent)		
	Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas				P. O. Box 1510; Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)						
	Phillips Petroleum (P. O.	Box 6666	, Odessa	a, Texas 7	9760					
	If well produces oil or liquids, give location of tanks.	Yes		3/15/62							
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA										
	Designate Type of Comple	etion — (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 Dept	h	<u>. </u>	P.B.T.D.		<u>:</u>		
	Elevations (DF, RKB, RT, GR, etc	Name	of Producing Formation	Top O!1/G	is Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth				
	Perforations					<u>-</u>	Depth Casing	Shoe			
	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE			ND CEMENTING RECORD DEPTH SET SACKS CEMENT							
					DE. 111 DE 1		SAC	KS CEMEN	11		
							ļ				
V.	TEST DATA AND REQUES?	' FOR AL	LOWABLE (Test must be able for this d	after recovery lepth or be for	of total volume full 24 hours)	of load oil d	and must be equi	al to or exce	ed top allow-		
	OIL WELL able 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	Tubin	g Pressure	Casing Pre	saure		Choke Size				
	Actual Prod. During Test	Oil-B						 -			
	Notice From Daring Tool	0	DIB.	Water - Bbls	•		Gas • MCF				
	GAS WELL										
[Actual Prod. Test-MCF/D	Lengt	h of Test	Bbls. Cond	ensate/MMCF		Gravity of Con	idensate	·		
	Testing Method (pitot, back pr.)	Tubin	g Pressure (Ehut-in)	Casing Pre	soure (Shut-i	n)	Choke Size				
۷I.	CERTIFICATE OF COMPLIA	ANCE			OIL CO	NSERVA	TION COMM	USSION			
	•			OIL CONSERVATION COMMISSION APPROVED JUN 1 2 1973							
	Commission have been complied with and that the information given										
above is true and complete to the best of my knowledge and belief.					BY WAND CAS INCOCATOR						
		TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with RULE 1104.									
-	T. P. Bates (Signature)				If this is a request for allowable for a newly drilled or deepened						
	T. P. Bates (St. Vice Preside	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.									
-		(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.							
-	June 7, 1973	June 7, 1973 (Date)				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.					

well name or number, or transporter, or other such change of condition.

well name or number, or transporter, or other such change of conSeparate Forms C-104 must be filed for each pool in multiply
completed wells.