1.	Address	RECEIVED AUTHORIZATION TO TRAN DEC 4 1972 D.C.C. CHEVISIA, OFFICE SHENANDOAH OIL CORPOR 1500 Commerce Buildir	ng; Fort Worth, Tex	
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name F.M. Robinson "B" Unit Location Unit Letter; 1,9	Well No. Pool Name, Including Fo	rmation Kind of Lea SON State Fede	se Lease No. ral XXXX ICO28775 (b)
111.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cill Texas-New Mexico Pipel Name of Authorized Transporter of Car Phillips Petroleum Car If well produces oil or liquids, give location of tanks.	ine Company Singhead Gos 🕵 or Dry Gas 🗔	Address (Give address to which app P. O. Box 1510; Midlar Address (Give address to which app P. O. Box 6666, Odessa	roved copy of this form i: to be sent)
IV.		th that from any other lease or pool, on - (X) Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen Total Depth Top Cil/Gas Pay	Plug Back Same Fles'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	
v	. TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	TOR ALLOWABLE (Test must be a able for this de bate of Test Tubing Pressure Oil-Bbis.	fter recovery of total volume of load of spin or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bble.	lift, etc.) Choke Size Gas-MCF
	GAS WELL Actual Frod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
V	Complete have been complied	NCE . I regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	OIL CONSERVATION COMMISSION APPROVED, DEO 5 197? BY BY TITLE OIL AI:D GAS INSPECTOR TITLE OIL AI:D GAS INSPECTOR	
	T. P. Bates (Signature) Vice President (Tule) November 28, 1972 (Date)		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 allow- able 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.	

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Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.