NO. OF CUPIES HELEITED			1
DISTRIBUTION			·
SANTA FE			
FILE			-
U.S.G.S.		Ì	
LAND OFFICE			
TRANSPORTER	OIL	Ž	
INANSFORTER	GAS		
OPERATOR			
BRODATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMM" ON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AND ADTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DEC 4 1972 C. C. C. Operator SHENANDOAH OIL CORPORATION Address 1500 Commerce Building; Fort Worth, Texas 76102 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Change in Ownership  $\times 12/1/72$ Casinghead Gas 'Condensate If change of ownership give name Atlantic Richfield Co.; P.O. Box 1610; Midland, Tex. 79701 and address of previous owner\_ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Vell No. Pool Name, Including Formation PERMY Federal XXXX IC 028775 (a) F.M. Robinson "A" Unit II 2 Grayburg-Jackson Location 440 East North 440 : Feet From The Line and Feet From The Unit Letter 29E County 34 17S , NMPM, Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil 🔀 P. O. Box 1510; Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas P. O. Box 6666, Odessa, Texas 79760 Phillips Petroleum Company When Is gas actually connected? Unit P.ge. Twp. If well produces oil or liquids, Unknown 34 Α 17S + 29E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Workover Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Froducing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. Oil-Bhia. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Frod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 1972 DEC 5 APPROVED 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.

			PRote	
T.	Ρ.	Bates	(Signature)	
		Vic	re President	
			(Title)	

1972 November 28,

OIL AND GAS INSPECTOR 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.