DISTRIBUTION			<u> </u>
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE	LAND OFFICE		
TRANSPORTER	OIL		
IRANSFORTER	GAS	i	
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE	o.e.c.e.l.V. E.D	AND NSPORT OIL AND NATURAL GA	· -		
	U.S.G.S.	AU HIORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	45		
	TRANSPORTER GAS	DEC 4 1972				
	OPERATOR	o. c. c.				
ī.	PRORATION OFFICE Operator					
	SHENANDOAH OIL CORPORATION					
	1500 Commerce Building; Fort Worth, Texas 76102					
	Reason(s) for filing (Check proper box)					
	New We!! Recompletion	Change in Transporter of: Oil Dry Gas				
	Change in Ownership X 12/1/72	Casinghead Gas,Condens				
,	If change of ownership give name and address of previous owner	Atlantic Richfield C	o.; P.O. Box 1610; M	idland, Tex. 79701		
••	DECOMPOSION OF WELL AND I					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	i i	Lease No.		
	F.M. Robinson "B" Tr.	2 19 Grayburg-Jack	SON STATE Federal	exix 1C067910		
	Location Unit Letter I ; $1,96$	80 Feet From The South Line	e and 660 Feet From T	he East		
	Line of Section 34 Tow	mship 17S Range	29E , NMPM, I	Eddy County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approve			
	Texas-New Mexico Pipel	ine Company	P. O. Box 1510; Midland Address (Give address to which approv	, TEXAS 19101 ed copy of this form is to be sent)		
	Phillips Petroleum Com		P. O. Box 6666, Odessa,	i		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	₩ 1 175 29E	Yes	3/13/02		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,				
- · ·	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	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		1	Depth Casing Shoe		
TURING CASIN			ND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	NOLL STEE					
	•					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil of	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	i, etc.)		
	Para Line Man On Ham to 1					
	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
1 /1	CERTIFICATE OF COMPLIAN	CF	OIL CONSERVA	TION COMMISSION		
V I	, CERTIFICATE OF COMPENS		500 E 1000			
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.		11 1 Inarset				
		TITLE - AND SAS INSPECTOR				
	m D Patos (Signature)		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 with a complete the state of the second with a s			
T. P. Bates (Signature) Vice President		All sections of this form must be filled out completely for allow-				
	(Tule)		able on new and recompleted wells.			
	November 28,		Fill out only Sections I. II. III. and VI for changes of owner well-name or number, or transporter, or other such change of conditions.			
(Date)			d	the filed for each pool in multiple		

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.