NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.\$.G.\$.				
LAND OFFICE				
TRANSPORTER	OIL			
TRANSPORTER	GAS	1		
OPERATOR	1			
PRORATION OFFICE				

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II.

١V.

NEW MEXICO OIL CONSERVATION COMM. ON REQUEST FOR ALLOWABLE

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

FILE			-			AND			Lile	ctive 1-1-65	
U.\$.G.\$.		Ī		AUTHORIZATION	1 TO TRA		OIL AND N	ATURAL G	AS		
LAND OFFICE						CEI			•••		4.7
TRANSPORTER	OIL	1									r.
	GAS	1			44.1		070				
OPERATOR		1			JU	N 1 J 1	9.73				
PRORATION OF	FICE	<u> </u>	<u> </u>			/					
Operator				SHENANDOAH OIL C	ORPORAT	Q _o √C.C	j.				
Address				DIERWEIDOINI OIL C	ART	ESTA, OF	FICE				
			•	1500 Commerce Bu	ilding;	Fort V	Worth, Tex	kas 76102			
Reason(s) for filing	(Check	prope	box)				Other (Please			. v . 5.7	
New Well				Change in Transporter	of:		Change le	ease name	from:		
Recompletion				Oil	Dry Ga	ıs 🔲			II ***** 7	rtt	
Change in Ownershi	P			Casinghead Gas	Conder	nsate	F. M. Rol	olnson E	OUTC		
If change of owners	ship giv	e nai	ne								
and address of pre-										 	
DECORADMICAL O								,			
DESCRIPTION O	oinsor				Including F	ormation	·	Kind of Lease		· · · · · · · · · · · · · · · · · · ·	Lease No.
Unit Tract	_	1-02	LCK	011	burg-Ja	_	}	(XXXX Federal	XXXX LC	028775	(b)
Location					<u></u> <u></u> <u></u>				·····		·
linit i etter	J	.1.	,980	Feet From The SOU	ıth ,,	ne and 1	,980	Feet From T	_{he} East		
Onit Letter				reet rout rue		ie and	· · · · · · · · · · · · · · · · · · ·		•••		
Line of Section	35		Tow	vnship 17S	Range	29E	, NMPM,	,	Eddy		County
				TER OF OIL AND NAT		is					
Name of Authorized]		Give address to				be sent)
Texas-New M	lexico	Pi	pel	ine Company			Box 1510				he centl
				singhead Gas X or Dry G	'as []	!	. Box 6666				<i>oe sem,</i>
Phillips Pe	CTOTE		COIL	Unit Sec. Twp.	Rge.	·	tually connecte			15700	
If well produces oil give location of tank		is,		1 1	29E	Yes		-,	3/15/6	52	
L				1							
If this production i COMPLETION D		ingle	d wit	th that from any other leas	e or pool,	give com	ningiing order	number:			
			1	,	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Restv.
Designate Ty	pe of C	omp	letio	$\mathbf{n} = (\mathbf{X})$! 	1	İ	! 	l 	<u> </u>
Date Spudded				Date Compl. Ready to Prod	4	Total Dep	pth		P.B.T.D.		
						<u> </u>					
Elevations (DF, RK	B, RT, C	GR, e	lc.j	Name of Producing Formati	on	Top Oil/	Gas Pay		Tubing Dep	tn.	
							· · · · · · · · · · · · · · · · · · ·		Depth Casir	ng Shoe	
Perforations											
				TURING CA	SING ANI	D CENEN	TING RECORI		<u> </u>		
HOLE	SIZE			CASING & TUBING		CEMEN	DEPTH SE		SA	ACKS CEM	ENT
HOLE	. 3126			CASING & TOBING		-		:		·——	
											
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
TEST DATA AN	D REO	UES	· F	OR ALLOWABLE (Tes	st must be a	ifter recover	ry of total volum	ne of load oil a	ind must be e	qual to or es	xceed top allow
OIL WELL				abl	e for this de	epth or be fi	or full 24 hours,	<i>}</i>			
Date First New Oil	Run To	Tank	9	Date of Test		Producin	g Method (Flow	, pump, gas lij	i, eic.)		
						ļ			Choke Size		
Length of Test				Tubing Pressure		Casing P	ressure		Chore Size		
				100 511		Water - B)	n) a		Gas-MCF		
Actual Prod. During] Test			Oil-Bbls.		wdier-B	DIB.				
<u> </u>											
O A C BUTTY Y			•.								
GAS WELL Actual Prod. Test-	MCF/D			Length of Test		Bbls. Co	ndensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of	Condensate	
Testing Method (pi	tot, back	pr.)		Tubing Pressure (Shut-in	2)	Casing F	ressure (Ehut-	·in)	Choke Size		
CERTIFICATE	OF CO	MPI	IAN	CE			OIL C	ONSERVA	TION CO	101221MN	1
	J. 00							11 IN	1 2 1973		
I hereby certify th	at the r	ules	and	regulations of the Oil Cor	nservation	APPR	OVED	0011	T 1010		19
Commission have	been c	ompi	ied 1	with and that the informa	tion given	11	/W. C	11 XI	resser	7	

VI.

		16 de	
r. P.	Bates	(Signature)	
	Vice	President	

(Title)

June 7, 1973

(Date)

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 despened 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.