ſ	NO. OF COPIES RECEIVED 16	-			
H	DISTRIBUTION			Form C-104	
ł	SANTA FE	NEW MEXICO OIL CO	NSERVATION COMM. ON OR ALLOWABLE	Supersedes Old C-104 and C-110	
ł	FILE		AND	Effective 1-1-65	
ł	U.S.G.S. RAUTROFIZA NOF TO TRANSPORT OIL AND NATURAL GAS			<b>\S</b>	
	LAND OFFICE				
	TRANSPORTER OIL	DEC 4 1972			
	GAS				
	OPERATOR				
Ι.	PRORATION OFFICE []. C. C.				
	SHENANDOAH OIL CORPORATION				
	Address				
	1500 Commerce Building; Fort Worth, Texas 76102				
Reasop(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of:   Recompletion Oil Dry Gas   Change in Ownership X 12/1/72 Casinghead Gas Condensate					
Katara a america and Atlantic Dichfield Co : P.O. Box 1610: Midland, Tex. 7				idland Tex 79701	
	If change of ownership give name Atlantic Richfield Co.; P.O. Box 1610; Midland, Tex. 7970 and address of previous owner				
II.	Lease Name Vell No. Pool Name, including Formation Kind of Lease Lease No.				
	F.M. Robinson "B"Unit ]			xxxx 1C028775(b)	
	T 1 980 South 660 Feet Free Fast				
	Unit Letter;;				
	Line of Section 35 Tow	nship 17S Range	29E , NMPM,	Eddy County	
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cil		P. O. Box 1510: Midland	, Texas 79701	
	Texas-New Mexico Pipel: Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)	
	Phillips Petroleum Com		P. O. Box 6666, Odessa,	Texas 79760	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	G 35 17S 29E	Yes	3/15/62	
		h that from any other lease or pool, g	give commingling order number:		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	<b>U</b>			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			:	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		х.	Depth Casing Shoe	
				J	
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
v	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo				
oll, WELL able for this depth or be for full 24 hours)				(t. etc.)	
	Date First New Cil Run To Tanks	Date of Test	producing wethod it iou, pemp, and it		
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I down from the			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
		·			
	۱ <u>۰۰۰</u>			-	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bha. Condensater Master		
		Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)				
			OIL CONSERVA	ATION COMMISSION	
V	I. CERTIFICATE OF COMPLIAN	ice :	DEO É 1070		
	e	regulations of the Oil Conservation			
	above is true and complete to th	ie best of my knowledge and belief.			
			TITLE 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 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-		
	PB-tte				
	T. P. Bates (Signature)				
	Vice President				
	•	(itle)	able on new and recompleted wells.		
	November 28, 1972		well name or number, or transpol	"well name or number, or transporter, or other such change of contents	
	(1	/ /	Separate Forma C-104 must be filed for each pool in multiply		

Separate Forma C-104 must be filed for each pool in multiply