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|-------------------|-------|
| STATE | 1 |
| FED | 1 |
| US G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL / |
| | GAS / |
| OPERATOR | / |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 104
Supersedes Form 103 and
Effective 1-1-65

RECEIVED

OCT 19 1970

O. C. C.
ARTESIA, OFFICE

| | | | |
|---|---|---|-------------------------------------|
| Operator | Shenandoah Oil Corporation | | |
| Address | 1500 Commerce Building, Fort Worth, Texas 76102 | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Effective 10-1-70 | | |

If change of ownership give name and address of previous owner Atlantic Richfield Co., Roswell, New Mexico

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------|----------|--------------------------------|-----------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Dale H. Parke "A" Tr. 1 | 7 | Grayburg-Jackson Q.G.S.A. | State, Federal or Fee | LC 029020-(a) |
| Location | | | | |
| Unit Letter | 0 | 330 | Feet From The South | Line and 1650 |
| | | Feet From The East | | |
| Line of Section | 15 | Township | 17S | Range 30E |
| | | , NMPM, | | Eddy |
| | | | | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Texas - New Mexico Pipeline Company | Box 1510, Midland, Texas 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Continental Oil Company | Box 2197, Houston, Texas 77001 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| C | 22 | 17S |
| | | 30E |
| Is gas actually connected? | When | |
| yes | 5-4-62 | |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | 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 | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 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 |

CERTIFICATE OF COMPLIANCE

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.

T. P. Bates (Signature)
Manager - Secondary (Title)
October 15, 1970 (Date)

OIL CONSERVATION COMMISSION

OCT 20 1970

APPROVED _____, 19____

BY W. A. Gressett

TITLE 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 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 transportation or other such change of condition.

Separate Form C-104 must be filed for each pool in this well completed wells.