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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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AUG 18 1976

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 checked="" type="checkbox"/>	Change in Transporter of:	Change lease name from Parke A
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Dale H. Parke "A"	10	Grayburg-Jackson; Q.; SA	State, Federal <del>XXXX</del>	NM0467930
Location				
Unit Letter L	2100	Feet From The South	Line and 900	Feet From The West
Line of Section 22	Township 17 S	Range 30 E	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 Co.	P.O.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	P.O.Box 2197; Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 22 17S 30E	Yes 8-5-76 5-4-62

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 228

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-17-76	8-4-76	60 to 3,687'	3,672'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3,684' Gr.	Grayburg - SA	3,024'	3,575'					
Perforations 3,345; 3,353; 3,359; 3,389; 3,393; 3,412; 3,414; 3,416; 3,418; 3,424; 3,425; 3,461; 3,465; 3,467; 3,496; 3,507; 3,519; 3,522 3,523; 3,525		Depth Casing Shoe		3,685'				
21 shots; 3,024-3040 2 SPF - 32 TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" - 24#		1,559		500			
7-7/8"	7" - 20#		2,150		250			
7-7/8"	4-1/2" - 9.5# & 10.5#		3,685		375			

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 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.)	
8-5-76	8-6-76	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	40#	60#	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gcs-MCF
190	60	130	110

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

C. W. Downey, Jr. (Signature)  
Operations Superintendent  
(Title)

August 10, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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. Complete Form C-104 must be filed for each pool in multiply

