

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

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	
PRORATOR 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 ☐	Change in Transporter of:	Change battery location
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐
If change of ownership give name and address of previous owner _____		

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Dale H. Parke "A" Tr. 1	LC029020	(a) 3	Grayburg Jackson Q.G.SA	State Federal or State
Location				
Unit Letter	D	330	Feet From The North Line and	330 Feet From The West
Line of Section	22	Township	17S	Range 30E, N.M.P.M., Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas/New Mexico Pipeline Company	P.O. Box 1510; Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	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	5/4/62

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 228 8-13-71

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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			

VI. 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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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)
Vice President
(Title)
September 1, 1971
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 8 1971, 19____
BY W. A. Grissett
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 resolution 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 transporter or other such change of condition.
Separate forms must be filed for each pool or multiple