

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR CATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

NMI 0467930

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dale H. Parke A Tr. 1

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson
11. SEC. T. R. S. OR BLK. AND
SURVEY OR AREA

Section 22, T-17S, R-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DG, RT, GR, etc.)

3574 GL

12. COUNTY OR PARISH

13. STATE

44y

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

T. D. 3450'

7" casing set 2936' w/100 sacks.

1. Pull rods and tubing and check total depth.
2. Run tubing and packer to acidize and treat Jackson Zone of San Andres w/1,000 gals. of acid and 10,000 gals. treated brine and 10,000 lbs. sand.
3. Plug back to top of San Andres (2976') w/sand.
4. Perforate Premier section 2934'-2942' w/4 SPF acidize w/500 gals. and sand frac w/20,000 gals treated brine and 20,000 lbs. sand.
5. Place well back to pumping.

RECEIVED

MAR 29 1971

O. D.
ARTEDIA, CHIEFRECEIVED
MAR 26 1971
U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

T. P. Bates

TITLE

Vice President

DATE

March 24, 1971

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Also necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either as shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents, not sealed off by cement (top and bottom) and method of placement of cement plugs; mud on other material placed below, between and above plugs; amount, size, method of packing of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-685229

[illegible][illegible]

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 19 1970

O. C. C.
ARTESIA, OFFICE

DATE FILED	/	/
FILE	/	/
U.S.A.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PROBATION 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:	Effective 10-1-70	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐		

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

III. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dale H. Parke "A" Tr. 1	4	Grayburg-Jackson Q.G.S.A.	State, Federal or Fee	LC 029020 (a)
Location				
Unit Letter	F	1650 Feet From The North Line and 1650 Feet From The West		
Line of Section	22	Township 17S	Range 30E	NMPM, Eddy County

IV. 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	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	Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 22	Twp. 17S	Rge. 30E	Is gas actually connected? yes	When 5-4-62

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

V. 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, CR, 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			

V. 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 (Shut-in)	Casing Pressure (Shut-in)	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)
Manager - Secondary

October 15, 1970

OIL CONSERVATION COMMISSION

OCT 19 1970

APPROVED BY W. A. Gressett
OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1102.
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 1101.
All portions 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 of other such change of condition.
Separate Form O-104 must be filed for each pool in which a completed well.

1. *Chrysomelids*