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

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

JUN 25 1973

I.

Operator		SHENANDOAH OIL CORPORATION ✓		J. C. C.	
Address		ARTESIA, OFFICE			
		1500 Commerce Building; Fort Worth, Texas 76102			
Reason(s) for filing (Check proper box)					
New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> *	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
*Correction in transporter from Texas/New Mex. P/L to Permian...					

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Gissler "A"	Well No.	5	Pool Name, including Formation	Jackson (ABO)	Kind of Lease	State, Federal <del>XXX</del> LC 05661	Lease No.	6(b)
Location	Unit Letter F; 2,310 Feet From The North Line and 1,710 Feet From The West								
Line of Section	23	Township	17S	Range	30E	, NMFM,		Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation		Address (Give address to which approved copy of this form is to be sent)		P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company (Pipe Line)		Address (Give address to which approved copy of this form is to be sent)		4th & Washington, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	23	17S	30E	Yes	June 1962

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

IV. 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		

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 (pitot, 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.

Donald R. Layton  
Donald R. Layton (Signature)  
Secondary Recovery Division Engineer  
(Title)  
June 20, 1973  
(Date)

OIL CONSERVATION COMMISSION  
JUN 25 1973

APPROVED \_\_\_\_\_, 19  
BY W. A. Gressitt  
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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.