

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE					
1		1		1		1		1		1		2		1					
Operator Shenandoah Oil Corporation																			
Address 1500 Commerce Building, Fort Worth, Texas 76102																			
Reason(s) for filing (Check proper box)																			
New Well				Change in Transporter of:				Other (Please explain)											
Recompletion				Oil				Dry Gas											
Change in Ownership				Casinghead Gas				Condensate											
X																			
If change of ownership give name and address of previous owner Hugh L. Johnston, Sr., 719 Midland Tower Bldg., Midland, Texas 79701																			
DESCRIPTION OF WELL AND LEASE																			
Lease Name Aster Federal				Well No. 1		Pool Name, Including Formation Artesia, Queen, Gr., & S. A.				Kind of Lease State, Federal, or Other				Lease No. LC 062407					
Location Unit Letter 0; 990 Feet From The South Line and 2200 Feet From The East Line of Section 30 Township 17 S Range 29 E, NMPM, Eddy County																			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																			
Name of Authorized Transporter of Oil or Condensate Navajo Refining Company Pipe Line Division								Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, New Mexico											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company								Address (Give address to which approved copy of this form is to be sent) Odessa, Texas											
If well produces oil or liquids, give location of tanks.		Unit P-0		Sec. 30		Twp. 17 S		Rge. 29 E		Is gas actually connected? Yes		When May 6, 1965							
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 (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.																			
APPROVED BY 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.																			
Vice President, Secondary Operations June 2, 1970																			