

FILE	/	✓	AND	Effective 1-1-65
U.S.G.S.			AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE				
TRANSPORTER	OIL	/		
	GAS	/		
OPERATOR	2			
PRORATION OFFICE				
Operator			JUN 4 1970	
Shenandoah Oil Corporation			O.G.C. ARTESIA, OFFICE	
Address			1500 Commerce Building, Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box)			Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Atsel Federal	2	Artesia, Queen, Gr. & S.A.	State Federal OK	LC 062407
Location				
Unit Letter	I	1760 Feet From The	South	Line and 990 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company Pipe Line Division	North Freeman Avenue, Artesia, New Mexico			
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)			
Phillips Petroleum Company	Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	IP	30	17 S	29 E
Is gas actually connected?	Yes		When June 16, 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.			OIL CONSERVATION COMMISSION	
			JUN 5 1970	
			APPROVED _____, 19____	
			BY <u>W. A. Gressett</u>	
			TITLE <u>OIL AND GAS INSPECTOR</u>	
			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.	
T. P. Bates (Signature) Vice President, Secondary Operations (Title) June 2, 1970 (Date)				