

FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRODUCTION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator
Shenandoah Oil Corporation ✓

JUN 4

Address
1500 Commerce Building, Fort Worth, Texas 76102

O. C. O.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input 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., Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE				
Lease Name Five-J	Well No. 2	Pool Name, including Formation Artesia, Queen, Gr., & S.A.	Kind of Lease State, Federal, or Foreign Texas	Lease No. 647
Location Unit Letter G, 1980 Feet From The North Line and / 980 Feet From The East Line of Section 36 Township 17 S Range 28 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"/> The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 G	Sec. 36	Twp. 17 S	Rge. 28 E
		Is gas actually connected? Yes		When 5-25-65

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

COMPLETION DATA				
Designate Type of Completion - (X)				
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

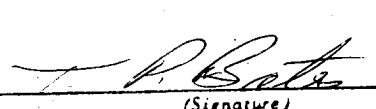
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

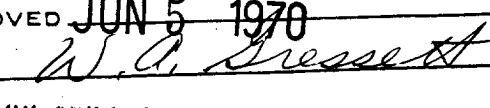
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


(Signature)
Vice President, Secondary Operations
(Title)
June 2, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 5 1970
BY 
TITLE OIL AND GAS INVESTIGATION

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