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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

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FEB 11 1972

O.C.C.

Operator SHENANDOAH OIL CORPORATION	
Address 1500 Commerce Building; Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-5-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Dale H. Parke "B" <i>L.C.</i>	Lease No. 5	Well No. 5	Pool Name, including Formation Grayburg-Jackson Q., S.A.	Kind of Lease NM 0467933 State, Federal or Fee Federal
Location				
Unit Letter B	660	Feet From The North	Line and 1,980	Feet From The East
Line of Section 15	Township 17S	Range 30E	, NMFM, 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 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 17S	Rge. 30E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/17/72	Date Compl. Ready to Prod. 2/5/72		Total Depth 3,455'		P.B.T.D. 3,450'			
Elevations (DF, RKB, RT, GR, etc.) 3,705' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2,792'		Tubing Depth 2,940'			
Perforations 20h 2792-2802 30h 3040-50	10h 2850-55 16h 3282-92		16h 2892-2900 12h 3410-16		54h 2904-08 4h 3424-30 3,454'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE New 8 5/8" 20#		DEPTH SET 426'		SACKS CEMENT 500 sacks			
7 7/8"	New 5 1/2" 14#		3,454'		400 sacks			
	2 3/8" EUE Tubing		2,940'					

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 2/5/72	Date of Test 2/7/72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 15-60	Casing Pressure 525	Choke Size -
Actual Prod. During Test 125	Oil - Bbls. 110	Water - Bbls. 15	Gas - MCF 162.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

T. P. Bates
T. P. Bates
Vice President - Secondary
February 9, 1972
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION	
FEB 11 1972	
APPROVED	19
BY <i>W. A. Grissett</i>	
TITLE <i>OIL AND GAS PROD.</i>	
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.	