

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SAN. A FE		/
FILE		/
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
RECEIVED

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

MAR 6 - 1972

Operator SHENANDOAH OIL CORPORATION ARTESIA, OFFICE	
Address 1500 Commerce Building; Fort Worth, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name DALE H. PARKE "B" TRACT "C"	Lease No. 6	Well No. 6	Pool Name, Including Formation Grayburg-Jackson, Q., S.A.	Kind of Lease NM 0467933 State, Federal or Fee Federal
Location				
Unit Letter G	1,980	Feet From The North	Line and 1,980	Feet From The East
Line of Section 15	Township 17S	Range 30E	NMPM, 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"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 17S	Rge. 30E	Is gas actually connected? No	When Est. 4/1/72

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/15/72	Date Compl. Ready to Prod. 3/03/72	Total Depth 3,459		P.B.T.D. 3,452				
Elevations (DF, RKB, RT, GR, etc.) 3,705 GR.	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2,773		Tubing Depth 2,850				
Perforations 2885-2889 (8 holes); 2873-80 (14 holes); 2773-81 (16 holes)		Depth Casing Shoe 3,452						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4	New 8 5/8 20#	422'		200				
7 7/8	New 5 1/2 14#	3,452'		400				
2 3/8 EUE Tbg.		2,850'						

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 3/01/72	Date of Test 3/02/72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 600	Choke Size
Actual Prod. During Test 150	Oil - Bbls. 120	Water - Bbls. 30	Gas - MCF 166.8

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

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.

T. P. Bates
Vice President
March 3, 1972

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1972
BY W. A. Gressett
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.