ſ	HO. OF COPIES RECE	14		
ľ	DISTRIBUTION			
ı	SANTA FE		7	
	FILE			V
Ī	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL	1	
		GAS	<u> </u>	
	OPERATOR		1	
I. [PRORATION OFFICE			<u>L</u>

NEW MEXICO OIL CONSERVATION COMM.

Form C-104

	SANTA FE 1	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	RECEIVED					
	IRANSPORTER GAS						
	OPERATOR	OC.	T 2 6 1972				
I. PRORATION OFFICE Operator Shenandoah Oil Corporation ARTESIA, DEFICE							
	1500 Commerce Building; Fort Worth, Texas 76102						
	leason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Gas					
	Recompletion Change in Ownership X	Casinghead Gas Condens	F				
	If change of ownership give name	Maywell Oil Company 2	017 Continental Ban	k Bldg.; Ft. Worth, Tex.76102			
	and address of previous owner	ranwell oll company a	of, concentrate				
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	rmation Kind of	Lease No.			
	Lease Name Taylor Unit	5 Shugart	L L	Federal or Fee Federal 14-08-00			
	Location		660	8862			
	Unit Letter M; 660	Feet From The South Line	and 660 Feet	From The West			
	Line of Section 12 Tow	mship 18S Range	31E , NMPM,	Fddy County			
113	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S	•			
141.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which	approved copy of this form is to be sent)			
	Texas-New Mexico Pi	ipeline Company inghead Gas or Dry Gas	P. O. Box 1510; Mic Address (Give address to which	approved copy of this form is to be sent)			
	l control of the cont	ought from Phillips Petro	leum	When			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 12 18S 31E	Is gas actually connected?	l men			
	\ `	th that from any other lease or pool,	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deer				
	Designate Type of Completion		m - I D - A	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	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	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	ROLL SILL						
V	EST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL 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			
	Longin		Water - Bbls.	Gas - MCF			
	Actual Pred. During Test	Oil-Bbls.	Adder- Pota.				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. 1681-MCF/D	Langer of foot					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
U T#	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
Vi			OCT 2 6 1972				
	Commission have been complled	regulations of the Oil Conservation with and that the information given	A Great				
	above is true and complete to th	true and complete to the best of my knowledge and belief.		TITLE OIL AND GAS INSPECTOR			
	-a -						
	7/13		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All pactions of this form must be filled out completely for allow				
	Neil F. Toler, (Sign	nature) Manager-Secondary					
	Shenardoah Oil Cor						

(Title)

October 23, 1972 (Date)

All sections of this form must be able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

