

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 26 1971

Operator
Shenandoah Oil Corporation

Address
1500 Commerce Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Re-entry (Oil)

CASINGHEAD GAS MUST NOT BE FLARED OR BURNED UNLESS IN EXCEPTION TO R-1070 IS OBTAINED

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Keohane et al "B" Federal	2	Shugart Y, SR, Q, GR	State Federal or XXX	LC029890 (a)

Location
Unit Letter C; 660 Feet From The North Line and 1980 Feet From The West
Line of Section 28 Township 18S Range 31E, 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)
The Permian Corporation	P. O. Box 4157, Midland, Texas 79701

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)
TSTM	

If well produces oil or liquids, give location of tanks. Test tank	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
C	28	18S	31E		No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Re-entry								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Orig. T.D. 3645'	3600'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3630 GR	Queen	3284	3538

Perforations	Depth Casing Shoe
3284 - 3290; 3296 - 3306; 3542 - 3550; 3556 - 3564	3645

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 "	8 5/8" 24#	265'	160 sacks
7 7/8"	4 1/2" 9.5	3,645'	600 sacks
	2 3/8 EUE	3,538'	

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.)
March 17, 1971	April 25, 1971	Pumping 2" x 1 1/2" x 8' Insert Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
6 barrels	5	1	TSTM

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

I. 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 - Secondary Recovery
April 27, 1971

OIL CONSERVATION COMMISSION
MAY 13 1971
APPROVED
BY W. A. Gussitt
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.