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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	ŧ	
	GAS	1	
OPERATOR			
PROBATION OFFICE		T	

	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL HEND METERALL	GAS D			
	LAND OFFICE	_		•			
	TRANSPORTER GAS	·	# # # A A TO 1 1 3 A	. 7			
	OPERATOR		MAR 1 1 19	13			
I.	PRORATION OFFICE						
	Operator	2 1 2 2	ARTESIA, OFF	· une			
	Shehandoan off Corporation						
	Address	1500 Commerce Building; Fort Worth, Texas 76102					
	Reason(s) for filing (Check proper bo		Other (Please explain)				
	· —	itry Change in Transporter of:	Gillor (1 todas capitally)				
	Recompletion	Oil Dry Go	ıs 🔲				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name						
	and address of previous owner						
11	DESCRIPTION OF WELL AND	TEACE					
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease Le							
	Keohane et al "B" Fed 3 Shugart Y, S.R., Q, G.R. Sxx. Federal xxx LC 029390 (a						
	Location			•			
	Unit Letter F; 1,	980 Feet From The North Lir	ne and 1,980 Feet From	The West			
	2.0	3.00	2179	maa			
	Line of Section 28 T	ownship 18S Range	31E , NMPM,	Eddy County			
III.	DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	<b>\s</b>				
	Name of Authorized Transporter of C		Address (Give address to which appro	oved copy of this form is to be sent)			
	Texas-New Mexico		P. O. Box 1510, M	idland, Texas 79701			
		asinghead Gas X or Dry Gas	Address (Give address to which appro				
	Continental Oil C		P. O. Box 427, Ho	bbs, New Mexico			
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   K   28   185   31E		12/20/72			
			yes				
	If this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	CTB - 227			
•••		Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Complet	<u> </u>	Re-Entry	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Work Started 12/12/ Elevations (DF, RKB, RT, GR, etc.)		3,650 Top Oil/Gas Pay	3,600 Tubing Depth			
	3,621 GR	Queen-Penrose	3,280	3,300			
	Perforations Oueen - 3280-		= - 3558-3570	Depth Casing Shoe			
3292-3298 3,646				3,646			
			D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8" o.d.	259' 3,646'	150 sacks 565(Dytorl @793)			
	7 7/8"	4 1/2" o.d.	3,646	363 (DV COLL @793)			
		2 3/8" EUE	3,300				
V.	TEST DATA AND REQUEST		ifter recovery of total volume of load oi	l and must be equal to or exceed top allow			
•	OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test		•			
	12/20/72 Length of Test	1/1/73 Tubing Pressure	Pumping 2" x 1 1/2" Casing Pressure	x 8' Insert Pump			
	24	_	_	_			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
	11	3	8	TSTM			
	GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Cauditt of Lear	BBIB. Golidonia (10) Milvior				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION			
,			MAR 1 2 1973				
	I hereby certify that the rules and regulations of the Oil Conservation		19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. Cl. Spisser				
				TITLE <u>OIL AND GAS INSPECTOR</u>			
10-4		1	This form is to be filed in compliance with RULE 1104.				
	T. P. Bates (Signature) Vice President		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 acc	ordance with RULE 111.			
(Title)			All sections of this form must be filled out completely for allow-				

March 8, 1973
(Date)

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.