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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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AUG 7 1967

O. C. C.  
ARTESIA, OFFICE

I. Operator  
Shenandoah Oil Corporation  
Address  
406 Mutual Savings Bldg., Ft. Worth, Texas 76102  
Reason(s) for filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Ownership ☒  
Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner  
Iver: n & Welch, Booker Bldg., Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Shugart "A" 029387  
Location  
Unit Letter M ; 330  
Line of Section 29 Township 18S Range 31E , NMPM, Eddy County  
Well No. 1 Pool Name, Including Formation Shugart-Queens Kind of Lease State, Federal or ~~XXX~~ Lease No. 029387  
Feet From The South Line and 990 Feet From The West  
18S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER  
Name of Authorized Transporter of Oil ☒  
Texas-New Mexico Pipe Line Company  
Name of Authorized Transporter of Casinghead Gas ☐  
Phillips Petroleum Company  
If well produces oil or liquids, give location of tanks. Unit N  
F OIL AND NATURAL GAS  
or Condensate ☐  
Company Box 1510, Midland, Texas  
Gas ☒ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
Box 6666, Okemsa Texas  
Bartlesville, Oklahoma  
Is gas actually connected? When  
29 18S 31E Yes Unknown 8/1/67

If this production is commingled with the production from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion -  
Date Spudded  
Date  
Elevations (DF, RKB, RT, GR, etc.)  
Name  
Perforations  
HOLE SIZE  
TUBING, CASING, AND CEMENTING RECORD  
CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST 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)  
Date First New Oil Run To Tanks  
Date of Test  
Length of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Actual Prod. During Test  
Oil  
Pressure  
Casing Pressure  
Choke Size  
Bbls.  
Water - Bbls.  
Gas - MCF

GAS WELL  
Actual Prod. Test-MCF/D  
Leakage  
Testing Method (pitot, back pr.)  
Type  
Pressure (shut-in)  
Casing Pressure (shut-in)  
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.  
Supervisor of Secondary  
August 2, 1967  
OIL CONSERVATION COMMISSION  
APPROVED  
BY W. A. Gressett  
TITLE  
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.