63. 17. S. STATLES 5				
SANTA FC.	REQUEST F	NEERVATION COMME N	Form C+104 Supersedes Old C+101 and C+110 Effective 1+1+15	
U.S.G.S.	AUTHORIZATION TO TRAN	ADE IVED ISPORT OIL AND NATURAL GAS		
TRANSPORTER OIL / GAS + /	D	EC 1 3 1971		
OPERATOR / PRORATION OFFICE Cperator		O. C. C. Tesia, office		
Shenandoah Oil	Corporation 🖌			
1500 Commerce	Building; Fort Worth, Tex			
Reason(s) for tilling (Check proper bo New We!1	x) Change in Transporter of:	i hange lease name	hem menterry Stati	
Recompletion.	Oil Dry Gas Casinghead Gas Condens	Effortivo Docomber		
If change of ownership give name and address of previous owner	C & K Petroleum, Inc.; 607	Midland National Bank Blo	lg.; Midland, Texas 7970	
DESCRIPTION OF WELL AND		e, Including Formation Ki	r.d of Lease	
Lease interney B'Itale Monterrey State "E	ע 2 Shuga	rt, Queen - Grayburg St	^{ate,} XXXXXXXX X	
	60 Feet From The North Line	and Feet From The	West	
Line of Section 32 T	ownship 18S Range	31E , NMPM, Eddy	7 County	
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C Texas-New Mexico F		Address (Give address to which approved P. O. Box 1550; Midland,		
Name of Authorized Transporter of Casinchead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666; Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 32 188 31E	Is gas actually connected? When yes I unl	known	
If this production is commingled v	vith that from any other lease or pool, g	rive commingling order number:		
COMPLETION DATA Designate Type of Complet	ion - (X)	New Well Workover Deepen P	lug Back Same Resty, Diff. Resty,	
Date Spudded	Date Compl. Ready to Prod.	Total Depth P	.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Freducing Formation	Tep C:1/Gas Pay T	ubing Depth	
Perforations		. D	epth Casing Shoe	
·	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		······································		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be af able for this dep	ter recovery of total volume of load oil and oth or be for full 24 hours)		
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred, During Test	Oil-Bb!s.	Water-Bbls.	Gas - MCF	
l		<u> </u>		
GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Fressure	Chcke Size	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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.		APPROVED 19		
		BYOIL JNO CARE TOP		
	\mathcal{O}	TITLE	mpliance with RULE 1104.	
T. P. Bates		If this is a request for allowat	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
T. P. Bates (Signature) Vice President		If this is a requert for anomalie by a tabulation of the deviation 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 allow-		
	(Title)	able on new and reconducted well	5.	
December 10, 1971	(frate)	Well name or number, or transporter	III, and VI for changes of owner, , or other such change of condition.	

December 10, 1971 (Date)

Fill out only Sections J. H. HI, and VI for channess of owner, well name or number, or transporter, or other such change of conditiona-larger de Forme C-103 must be filed for each je dom testingty.