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NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 1 1973

Operator Shenandoah Oil Corporation		O. C. C
Address 1500 Commerce Building, Fort Worth, Texas 76102		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:	Effective 8-1-73
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Donnelly Drilling Co., Box 433, Booker Bldg., Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Featherstone Federal	Well No. 1	Pool Name, Including Formation Shugart, (y, SR, Q, G)	Kind of Lease State, Federal or Fee Fed.	Lease No. 069033
Location Unit Letter <u>H</u> ; <u>2,310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) <u>4th & Main</u> Bartlesville, Oklahoma <u>Odessa, Tex 79760</u>			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 5	Twp. 19S	Rge. 31E
	Is gas actually connected? Yes		When 4-5-61	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Dfff. Restv.
Date Spudded Re-Entry 11-26-60	Date Compl. Ready to Prod. 11-30-60	Total Depth 3793		P.B.T.D. 3350					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 3316 - 3328'		Tubing Depth 3337					
Perforations 4 per foot - 3,316 - 3,328'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
6 7/8	4 1/2" - 9.50#		3,350		175				

V. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

C. M. [Signature]
(Signature)
Operations Superintendent
(Title)
9-24-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1973, 19
BY W. A. Gressett
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