|     | NO. OF COPIES RECEIVED                       |        | Ī    |                 |   |            |                                    |                 |           |                         |         |
|-----|--|--------|------|-----------------|---|------------|------------------------------------|-----------------|-----------|-------------------------|---------|
|     | DISTRIBUTION                                 |        |      |                 | NEW MEXICO OIL CONSERVATION COMMULATION             |            |                                    |                 |           | Form C-104              |         |
|     | SANTA FE                                     |        | 1    |                 | DECLIEST FOR ALLOWARIE Supersedes                   |            |                                    |                 |           |                         |         |
|     | FILE   |        | 1    |                 | AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |            |                                    |                 |           |                         |         |
|     | U.S.G.S.                                     |        |      |                 | AUTHORIZ  | ATION T    | O TRANSPORT                        | OIL AND N       | ATURAL G  | AS                      |         |
|     | LAND OFFICE                                  |        |      |                 |   |            |                                    |                 |           |                         |         |
|     | TRANSPORTER                                  | OIL    | 1    |                 |   |            |                                    |                 | -         |                         |         |
| 1   | OPERATOR                                     |        | 12   |                 |   |            |                                    |                 |           |                         |         |
|     | PRORATION OFFICE                             |        | -    |                 | ]   |            |                                    |                 |           | acr                     |         |
| 1.  | Operator                                     |        |      |                 |   |            |                                    |                 |           | ;34                     |         |
|     | SHENANDOAH OIL CORPORATION                   |        |      |                 |   |            |                                    |                 |           |                         |         |
|     | Address                                      |        |      |                 |   |            |                                    |                 |           |                         |         |
|     | 1018 Commerce Bldg., Fort Worth, Texas 76102 |        |      |                 |   |            |                                    |                 |           |                         |         |
|     | Reason(s) for filing (Check proper box)      |        |      | Other (Please e |   |            | explain)                           |                 |           |                         |         |
|     | New Well                                     |        |      |                 | Change in Tran                                      | sporter of |                                    |                 |           |                         |         |
|     | Recompletion                                 |        |      |                 | Oil   |            | Dry Gas                            |                 |           |                         |         |
|     | Change in Ownershi                           | p X    |      |                 | Casinghead Ga                                       | s          | Condensate                         |                 |           |                         |         |
|     | If change of owner and address of pre-       |        |      |                 | Jack L. McCl  | ellan      | 814 Pet.                           | Bldg., R        | oswell, N | New Mexico              | 88201   |
| II. | DESCRIPTION C                                | OF WEI | LL A | ND              | LEASE   | I wall Na  | Fool Name Include                  | ing Formation   |           | Kind of Lease           | T CO202 |
|     | Lease Name                                   |        |      |                 |   | Well 140.  | No. Pool Name, Including Formation |                 |           | State, Federal of Fee   |         |
|     | Kenwood-Federal                              |        |      |                 | 1   Shug  |            | Shugart Y-                         | Shugart Y-O-Gr. |           | blate, i caerar c. i co |         |

, Township

18S

Location

Line of Section 19

330 Feet From The South Line and 2154 Feet From The West

31E

Range

, NMPM,

Eddy

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

Kind of Lease LC029387 (d)

| III. | DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA   | adress (Give address to which approved copy of this form is to be sent)   |                                      |  |  |  |  |  |  |  |
|------|---|---|---|--------------------------------------|--|--|--|--|--|--|--|
|      | Texas-New Mexico Pipel  | ine Company   | Box 1510 Midland, Texas  Address (Give address to which approved copy of this form is to be sent)   |                                      |  |  |  |  |  |  |  |
|      | Phillips Petroleum Com  |   | Box 6666 Odessa, Texas  |                                      |  |  |  |  |  |  |  |
|      | If well produces oil or liquids, give location of tanks.  | Unit   Sec.   Twp.   Rge.   | Is gas actually connected? Wh   | Unknown 9-63                         |  |  |  |  |  |  |  |
|      | If this production is commingled w  | ith that from any other lease or pool,                                      | give commingling order number:  |                                      |  |  |  |  |  |  |  |
| IV.  | COMPLETION DATA   | Oil Well Gas Well   | New Well Workover Deepen  | Plug Back   Same Resty. Diff. Resty. |  |  |  |  |  |  |  |
|      | Designate Type of Complet   | ion – (X)   | Total Depth   | P.B.T.D.                             |  |  |  |  |  |  |  |
|      | Date Spudded  | Date Compl. Ready to Prod.  | Total Depth   | 1,5.1151                             |  |  |  |  |  |  |  |
|      | Pool  | Name of Producing Formation   | Top Oil/Gas Pay   | Tubing Depth                         |  |  |  |  |  |  |  |
|      | Perforations  |   | •   | Depth Casing Shoe                    |  |  |  |  |  |  |  |
|      |   | TUBING, CASING, AND   | CEMENTING RECORD  |                                      |  |  |  |  |  |  |  |
|      | HOLE SIZE   | 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) |   |   |                                      |  |  |  |  |  |  |  |
|      | OII. WEI.L  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 (pitot, back pr.)  | Tubing Pressure   | Casing Pressure   | Choke Size                           |  |  |  |  |  |  |  |
| VI   | . CERTIFICATE OF COMPLIA  I hereby certify that the rules an  | d regulations of the Oil Conservation                                       | APPROVED AUG (-   | , 15                                 |  |  |  |  |  |  |  |
|      | Commission have been complied   | with and that the information given<br>the best of my knowledge and belief. | TITLE OIL AND GAS INSPECTOR   |                                      |  |  |  |  |  |  |  |
|      | ••  |   |   |                                      |  |  |  |  |  |  |  |
| •    | <b>,</b>  | gnature)  | 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 Sections I, II, III, and VI only 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. |                                      |  |  |  |  |  |  |  |
|      | Manager - Secondary R   | ecovery<br>Title)   |   |                                      |  |  |  |  |  |  |  |
|      | August 5, 1969  |   |   |                                      |  |  |  |  |  |  |  |
|      | •   |   |   |                                      |  |  |  |  |  |  |  |