

## RECEIVED

MAR 13 1979

D. C. C.  
 PORTER, OFFICE

D. C. C.  
ARTESIA, OFFICE

For filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Effective 2-1-79

If change of ownership give name and address of previous owner Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx. 76102

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hinkle F	8	Shugart (Y.SP.O.G.)	State, Federal or Fee Federal 71	-029392-B

Location  
Unit Letter L ; 2310 Feet From The South Line and 990 Feet From The West  
Line of Section 27 Township 18S Range 31E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Texas-New Mexico Pipeline		P. O. Box 1510-Midland, Tx. 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company		4001 Penbrook, Odessa, Tx. 79762				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	27	18S	31E	Yes	Unknown

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'.	Diff. Rest'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

OIL WELL.			
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 (prior, back pr.)	Tubing Pressure (Shut-in)	Costing Pressure (Shut-in)	Choke Size

OIL CONSERVATION DIVISION

APPROVED **MAR 16 1979** \_\_\_\_\_, 19

APPROVED \_\_\_\_\_  
BY Mr. Williams

TITLE OIL AND GAS INSPECTOR

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 logs 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 walls.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.

C. Harvey Pan

District Engineer

(Title)

3-1-79

(Date)