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RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
 JAN 10 1979
O. C. C.
ARTESIA, OFFICE

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

Federal

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. 14-08-0018862	
7. Unit Agreement Name	
8. Farm or Lease Name Taylor Unit	
9. Well No. 1	
10. Field and Pool, or Wildcat Shugart (Y,SR,Q,G)	
12. County Eddy	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
 USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Shenandoah Oil Corporation ✓
3. Address of Operator P. O. Box 4534 - Odessa, Texas 79760
4. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>S</u> LINE AND <u>660</u> FEET FROM THE <u>E</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18S</u> RANGE <u>31E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3769 RKB

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Bradenhead Tie In
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	

Tied bradenhead to surface with valve exposed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Mike Williams</u>	TITLE <u>Division Manager</u> <u>West Texas-New Mexico</u>	DATE <u>January 5, 1979</u>
APPROVED BY <u>Mike Williams</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>JAN 26 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		

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	GAS	
OPERATOR		1
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

RECEIVED

OCT 26 1972

Operator
Shenandoah Oil Corporation

O. C. C.

Address
1500 Commerce Building; Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner
Maxwell Oil Company, 2017 Continental Bank Bldg.; Ft. Worth, Tex. 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Unit	Well No. 1	Pool Name, including Formation Shugart	Kind of Lease State, Federal or Fee Federal	Lease No. 14-08-001
Location Unit Letter I; 1,980 Feet From The South Line and 660 Feet From The East Line of Section 12 Township 18S Range 31E, NMPM, Eddy 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510; Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None... Gas being bought from Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit MN	Sec. 12
	Twp. 18S	Rge. 31E
	Is gas actually connected? no	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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 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)

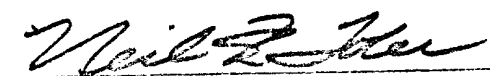
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

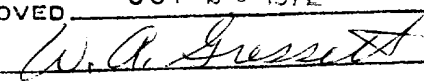
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


Neil F. Toler, (Signature) Manager-Secondary
Shenandoah Oil Corporation
(Title)
October 23, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 26 1972, 19
BY 
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