

U.S.O.G.		OIL /		GAS /	
LAND OFFICE					
TRANSPORTER					
OPERATOR					
PRODUCTION OFFICE					
Operator					
Shenandoah Oil Corporation					
Address 1500 Commerce Building, Fort Worth, Texas 76102					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input checked="" type="checkbox"/>		Change in Transporter of:			
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Shugart (APCO) "A"		Well No. 5		Pool Name, Including Formation Shugart Y, SR, Q, GR	
				Kind of Lease State, Federal or Fee	
				LC 029387(c)	
Location					
Unit Letter G		2310		Feet From The North Line and 1680 Feet From The East	
Line of Section 29		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 Company			Box 1510, Midland, Texas		
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			Phillips Bldg., Odessa, Texas		
If well produces oil or liquids, give location of tanks.		Unit A	Sec. 29	Twp. 18S	Rge. 31E
		Is gas actually connected?		When	
		yes		10-11-70	
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>
		Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8-30-70		Date Compl. Ready to Prod. 9-11-70		Total Depth 3965	
Elevations (DF, RKB, RT, GR, etc.) 3629 RKB		Name of Producing Formation Queens		Top Oil/Gas Pay 3270	
Perforations 3270-3280 3300-3310		3528-3530 3532-3534		3536-3538 3540-3546	
		Total - 88 holes		Depth Casing Shoe 3965	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
10"		8 5/8" 28#		776	
				3965	
7 1/4"		5 1/2" 15.5#		3410	
		2 3/8"		salt per sack.	
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 10-11-70		Date of Test 10-12-70		Producing Method (Flow, pump, gas lift, etc.) Pumping - 2" x 1 1/2" x 8' Insert pump	
Length of Test 24 hours		Tubing Pressure -		Casing Pressure -	
Actual Prod. During Test 52 Bbls.		Oil-Bbls. 50		Water-Bbls. 2	
				Gas-MCF TSTM	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	
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.					
OCT 23 1970					
APPROVED					
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 well, well name or number, or transporter or other such change of conditions.					
Separate Form C-104 must be filed for each pool in a newly completed well.					