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TRANSPORTER	OIL / GAS /
OPERATOR	
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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-11
Effective 1-1-65

RECEIVED

JAN 23 1976

Operator SHENANDOAH OIL CORPORATION ✓		O. C. C.	
Address 1500 Commerce Building - Fort Worth, Texas - 76102		ARTESIA, OFFICE	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal	Well No. 2	Pool Name, including Formation Shugart Y- SR - Qn & Gr	Kind of Lease State, Federal or Fee Federal	Lease No. NM 12210
Location Unit Letter <u>O</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1,650</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>18 S</u> Range <u>31 E</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 Pipe Line 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 6666, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 20	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When 9-2-60 (approx)

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

None

IV. 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-1-76	Date Compl. Ready to Prod. 1-16-76		Total Depth 3,640'		P.B.T.D. 3,583'			
Elevations (DF, RKB, RT, GR, etc.) 3,634 Gr.	Name of Producing Formation Queens & Penrose		Top Oil/Gas Pay 3,230'		Tubing Depth 3,540'			
Perforations Queens: 3,232-3242' Penrose: 3,488-3,500'					Depth Casing Shoe 3,640'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-1/4"	8-5/8" 24#		749		300			
5-1/2"	7-7/8" 14#		3,640		1,200			
	2-3/8" FUE. Thd.		3,540					

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)

Date First New Oil Run To Tanks 1-19-76	Date of Test 1-20-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 30	Casing Pressure 30	Choke Size --
Actual Prod. During Test 90	Oil-Bbls. 40	Water-Bbls. 50 (load)	Gas-MCF 20

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.

C. W. Downey, Jr. (Signature)
Operations Superintendent
(Title)
January 21, 1976
(Date)

OIL CONSERVATION COMMISSION
JAN 23 1976

APPROVED _____, 19____
BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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