

DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
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

JAN 25 1978

Operator
Shenandoah Oil Corporation ✓

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

DESCRIPTION OF WELL AND LEASE

Lease Name Shugart "D"	Well No. 11	Pool Name, Including Formation Shugart (Y., S.R., Qn., Gr.)	Kind of Lease State, Federal or Fee Fed.	Lease No. LC029387(b)
Location Unit Letter <u>H</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>18 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> County				

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 Co.	Address (Give address to which approved copy of this form is to be sent) 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) Box 6666, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>30</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>1-18-78</u> <u>2-1-63</u>

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-28-77	Date Compl. Ready to Prod. 1-12-78		Total Depth 3840'		P.B.T.D. 3810'			
Elevations (DF, RKB, RT, GR, etc.) 3619' Gr.	Name of Producing Formation Penrose & Grayburg		Top Oil/Gas Pay 3387 3392		Tubing Depth 3787'			
Perforations Penrose: 3392-3406' - 2 JSPF Grayburg: 3739-3743' and 3756-3768' - 2 JSPF					Depth Casing Shoe 3840'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" - 23#	758	350 SX
7-7/8"	5-1/2" - 14#	3840	1285 SX

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 1-18-78	Date of Test 1-22-78	Producing Method (Flow, pump, gas lift, etc.) Pumping - 2 x 2-1/2 x 12	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 250. bbl.	Oil-Bbls. 115	Water-Bbls. 135 load	Gas-MCF 110

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			TNM/PP
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.

SHENANDOAH OIL CORPORATION

By: C. M. Downey, Jr. (Signature)
Manager - West Texas-New Mexico Division
(Title)
January 23, 1978
(Date)

OIL CONSERVATION COMMISSION

JAN 26 1978

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 multiple