

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
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

OCT 26 1972

I. 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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Taylor Unit	2	Shugart	State, Federal or Fee Federal	14-08-001-
Location 8862				
Unit Letter J	1,980	Feet From The South	Line and 1,980	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 1510; Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None...Gas being bought from Phillips Petroleum Company						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	12	18S	31E	no	

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

IV. COMPLETION DATA

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbls. 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
 Neil F. Toler, (Signature) Manager-Secondary
 Shenandoah Oil Corporation
 (Title)
 October 23, 1972
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **OCT 26 1972**, 19____
 BY **W. A. Gressitt**
OIL AND GAS INSPECTOR
 TITLE _____

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