ſ	NO. OF COPIES RECEIVED	1 3						
ŀ	DISTRIBUTION	+	1	JEW MEVICO	NI CONSERV	ATION COM	MICCION	
ł	SANTA FE	<del>                                     </del>	1 '	NEW MEXICO (	EST FOR AL			
Ì	FILE	1 7 7 2		KLQU	AND	LOWABLL		
Ì	U.S.G.S.	<del>                                     </del>	ALITHOR	IZATION TO		ר חוו אאם	NATURAL	GAS
ŀ	LAND OFFICE	<del>                                     </del>	AUTHOR	IZATION TO	TRAITS! OR	, OIL AIND	MATORAL	
	TRANSPORTER GAS	7						R
	OPERATOR	15	-					, and
ι.	PRORATION OFFICE							
	Shenandoah Cil Corporation							
	Address							
	1500 Commerce Building - Fort Worth, Texas 76102							
	Reason(s) for filing (Check proper box)  Other (Please explain)						se explain)	
	New Well Change in Transporter of:							
	Recompletion		Oil		Ory Gas			
	Change in Ownership		Casinghead	Gas 🗍 (	Condensate			
i.	If change of ownership give and address of previous of the pre	wnerLL AND	LEASE Well No. F	Pool Narie, Inc. un	the Fermation	Gan	Kind of Lea	
	Location							
	Unit Letter K	_;1	980 Feet From	The Vest	Line and	1980	Feet From	n The _
	Line of Section 21	To	wnship 55	Rang	<sub>le</sub> 2	7E , NMF	⊃М,	Cha
II.	DESIGNATION OF TR	ANSPOR	TER OF OIL	AND NATURA	L GAS	(Cine addres	s to which app	roved co
	Name of Authorized Transp		i br cor	idensate	nad. obs	10000 0000		
	Unknown at this d	ate / 2	atashard Cas (	or Dry Gas	Address	(Give addres	s to which app	roved co
	Name of Authorized Transp						i21, Houst	
	Transwestern Pipe	line Co	mpany (Arth	. rred Larse	<del></del>	ctually conne		When
	If well produces oil or liquidate location of tanks.	ids,	Unit Sec.	6S 2	-	o-Yes		Estima

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

Date Compl. Ready to Prod.

Name of Producing Formation

CASING & TUBING SIZE

9-30-70

8 5/8°

Cisco

5846-50, 5868-74, 5380-96, 5939-44, 5973-77

Oil Well

Gas Well

New Well

X Total Depth

55351

5846-5973

DEPTH SET

1415'

Top Oil/Gas Pay

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 ECEIVED WAY 2 4 1971 O. C. C. Lease No. 4M 03105**3**3 Federal South ves County py of this form is to be sent) ppy of this form is to be sent) exas //001 Same Res'v. Diff. Res'v. Plug Back <u> 5103'</u> Tubing Depth 57061 Depth Casing Shoe 51681 SACKS CEMENT 450 sx. TLW & 700 sx. reg

7.7/81	2 3/8"	57061	ZOU SX. CIOSS C
TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test able	for this depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
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
Actual Bred Tests MCE/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

TUBING, CASING, AND CEMENTING RECORD

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
40,000	4 1/2 hrs.	7.65	61,40	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Sub ACE	1903	Packer	18/64" to 24/64"	

APPROVED.

TITLE OIL AND GAS HESPER TO

## VI. CERTIFICATE OF COMPLIANCE

IV. COMPLETION DATA

Date Spudded

8-15-70

GL 4152'

Perforations

11"

Designate Type of Completion - (X)

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

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.

Harried & Sunke				
(Signature)				
Vice President, Drilling & Primary Operations				
(Tide)				

(Date)

May 21, 1971

(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.

OIL CONSERVATION COMMISSION

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 completed wells.