

NO. OF COPIES RECEIVED	
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  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

OCT 25 1972

Operator Read & Stevens, Inc.		<b>O. C. C.</b> ARTESIA, OFFICE	
Address P. O. Box 2126, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change in Operator <i>See Name</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Effective October 1, 1972
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 *Shenandoah Oil Corp. 1500 Commerce Bldg Fort Worth Texas 76102*

DESCRIPTION OF WELL AND LEASE				
Lease Name Shenandoah Federal I	Well No. 1	Pool Name, including Formation Undesignated Cisco	Kind of Lease <del>State</del> Federal <del>or</del> <del>State</del>	Lease No. NM0310633
Location Unit Letter <i>K</i> ; <i>1980</i> Feet From The <i>West</i> Line and <i>1980</i> Feet From The <i>South</i> Line of Section <i>21</i> Township <i>6 S</i> Range <i>27 E</i> , NMPM, <i>Chaves</i> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		SCURLOCK PERMIAN CORP EFF 9-1-91				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Oil Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Texas				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 6S	Rge. 27E	Is gas actually connected? Yes	When 7-14-71

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*John L. Anderson Jr.*  
(Signature)  
Agent  
(Title)  
October 23, 1972  
(Date)

OIL CONSERVATION COMMISSION  
OCT 27 1972  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W. A. G. G. G.*  
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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forma C-104 must be filed for each pool in multiply