NO. OF COPIES RECEIVED		15	
DISTRIBUTION			Ī
SANTA FE		T	
FILE		1	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	$\prod$	
OPERATOR			
PRORATION OFFICE			

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	U.S.G.S.	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	_				
	TRANSPORTER GAS	RECEIVED				
1.	PRORATION OFFICE	_	/JUN 1 1 1973			
	SHENANDOAH OIL CORPORATION					
	Address DFFICE					
	1500 Commerce Building; Fort Worth, Texas 76102					
	New Well Change in Transporter of: Change lease name from:					
	Recompletion Oil Dry Gas F. M. Robinson "B" Unit I					
	If change of ownership give name			D Office 1		
	and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE  Lease Name Robinson-Jackson   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.					
	Unit Tract 2	14 Grayburg-Jack	1	alxxxx IC 028775 (b)		
	Unit Letter F : 1,98	0 Feet From The North Lir	1.980	The West		
		170	29E NMD1	The		
	Line of Section 27 To	wnship 1/5 Range	ZSE, , NMPM,	Eddy County		
111.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved conv of this form is to be cantl		
	Texas-New Mexico Pipel	ine Company	P. O. Box 1510; Midla	nd, Texas 79701		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas 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 Sec. Twp. Rge. F 35 17S 29E		ien		
	If this production is commingled wi	th that from any other lease or pool,	· <del></del>	3/15/62		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic	On - (X)  Date Compl. Ready to Prod.	Total Depth			
			Total Depth .	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth		
	Perforations Depth Casing Shoe					
		TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	'EST DATA AND REQUES:' FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil - Bbls,	Water - Bbls.	Gas-MCF		
				043 Mot		
	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 (Ehut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	CE	OH CONCEDVA	TION COMMISSION		
				2 1075		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED			
above is true and complete to the best of my knowledge and belief.		TITLE OIL AND GAS INSPECTOR				
T. P. Bates (Signature)			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	T. P. Bates (Signature) Vice President		tests taken on the well in accor-			
•	(Title) June 7, 1973		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
			n rin out only Sactions L. H	. III, and VI for changes of owner,		

(Date)

Fill out only Sactions I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Superate Forms C-104 must be filed for each pool in multiply