

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	2
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

JUN 4 1970

Operator
Shenandoah Oil Corporation ✓

Address
1500 Commerce Building, Fort Worth, Texas 76102

O.C.C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner
Hugh L. Johnston, Sr., 719 Midland Tower Bldg., Midland, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name Continental B State	Well No. 2	Pool Name, Including Formation Artesia, Queen, Gr., & S.A.	Kind of Lease State, XXXXXX XXXXXX	Lease No. E 4201
Location Unit Letter M ; 990 Feet From The South Line and 330 Feet From The West Line of Section 30 Township 17 S Range 29 E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) North Freeman, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Port American Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 591, Tulsa, Oklahoma <i>Box 68 Hobbs</i>
Well Produces Oil or Liquids, Give Location of Tanks. Unit L M Sec. 30 Twp. 17 S Rge. 29 E	Is gas actually connected? When Yes February 22, 1965

this production commingled with that from any other lease or pool, give commingling order number: *CTB 144*

Designate Type of Completion - (X) Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Levations (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

TEST DATA AND REQUEST FOR ALLOWABLE (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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pitot, 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.

T.P. Bates
(Signature)
Vice President, Secondary Operations
(Title)
June 2, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 5 1970, 19
BY *W.A. Gressett*
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 Forms C-104 must be filed for each pool in multiple.