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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-101 and C-110
 Effective 1-1-65

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JUL 10 1972

REVISION

Operator	Shenandoah Oil Corporation ✓		O. C. O. ARTESIAN OFFICE
Address	1500 Commerce Building; Fort Worth, Texas 76102		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name	Lease No.	Well No.	Pool Name, including Formation
New Mexico "Y" State	E10001	5	Shugart, Yates, SA, O, GB
Kind of Lease	State, Federal or Foreign		
Location	Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>East</u>		
Line of Section	<u>32</u>	Township	<u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County

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 Pipe Line Company	P. O. Box 1510; Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company	P. O. Box 6666; Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	G	32	18S 31E
Is gas actually connected?	When		
Yes	6/27/72		

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.	
(X)	X		X						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
June 6, 1972	June 25, 1972	2,779'	2,771'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3,598 Ground	Yates	2,623'	2,610'						
Perforations	2672' - 2678'		Depth Casing Shoe						
2623' - 2633'			2,774'						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" o.d. 24#	895'	275 sacks
7 7/8"	4 1/2" o.d. 9.5#	2,774'	250
	2 3/8"	2610	

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.)	
June 27, 1972	June 30, 1972	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
18 bbls.	18 bbls.	-0-	TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VII. 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
 T. P. Bates (Signature)
 Vice President (Title)
 July 7, 1972 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JUL 14 1972, 19____
 BY W. A. Gressett
 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 multiple.

DONNELLY DRILLING CO., Inc.

OIL WELL DRILLING CONTRACTORS

P. O. BOX 433

ARTESIA, NEW MEXICO

June 20, 1972

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RECEIVED JUN 30 1972

JUL 5 1972

O. C. S.
ARTESIA, N.M.

Shenandoah Oil Corporation
C. W. Downey
Box 2189
Hobbs, New Mexico 88240

Well: State Y-5

Deviation Report

<u>Test No.</u>	<u>Depth</u>	<u>Degree Off</u>
1	910	$\frac{1}{2}$
2	1636	$\frac{3}{4}$
3	2217	1 $\frac{3}{4}$
4	2525	$\frac{1}{2}$
5	2775	$\frac{3}{4}$

The undersigned hereby certifies that he is an authorized representative of the drilling contractor, Donnelly Drilling Company, Inc., who drilled the above described well and that he conducted deviation tests and obtained the results set out above.

Donnelly Drilling Co., Inc.

By: T. H. Donnelly
T. H. Donnelly, President

State of New Mexico
County of Eddy:

Subscribed and sworn to before me this 20th day of June, 1972

Notary Public
Notary Public

My Commission Expires:
July 28, 1975

