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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

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

Shenandoah Oil Corporation

Address

1500 Commerce Building - Fort Worth, Texas - 76102

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Effective November 1, 1973

If change of ownership give name and address of previous owner

Great Western Drilling Company, Box 1659, Midland, Texas, 79701

DESCRIPTION OF WELL AND LEASE

Lease Name

Malmar Unit Tract 2

Well No.

14

Pool Name, Including Formation

Maljamar-Grayburg, S. A.

Kind of Lease

State, ~~TEXAS~~

Lease No.

B-2229

Location

Unit Letter N, 1980 Feet From The West Line and 660 Feet From The South

Line of Section 12 Township 17 South Range 32 East, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ~~XXX~~ or Condensate ☐

Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)

Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ~~XX~~ or Dry Gas ☐

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

Box 6666, Odessa, Texas

If well produces oil or liquids, give location of tanks.

Unit C

Sec. 13

Twp. 17S

Rge. 32E

Is gas actually connected?

Yes

When

Unknown

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

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 (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 Recovery

(Title)

NOVEMBER 8, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

Oil & Gas Insp.

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.