DISTRIBUTION TAFE E .G.S. ND OFFICE ANSPORTER GAS	REQUEST F	ONSERVATION COMMISSIC OR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C + 104 Supersedes Old C+104 and C+110 Lifective 1-1-65
ORATION OFFICE			
Shenandoah Oil Corpora	ation		
dec.e.e.	g - Fort Worth, Texas - 76	5102 ·	
isson(s) for filing (Check proper box w We!l		Other (Please explain)	r 1, 1973
hange in Ownership	Casinghead Gas Conden		
change of ownership give name ad address of previous owner	Great Western Drilling Co	ompany, Box 1659, Midland	, Texas, 79701
DESCRIPTION OF WELL AND Lease Name Malmar Unit Tract 4	LEASE. Well No. Pool Name, Including Fo 15 Maljamar-Graybu	urg, S. A. State, XXXXXX	
Location	980 Feet From The East Lin	e and 660 Feet From T	The South
Unit Letter			Lea County
Line of Section 7 To	ownship 17 South Range 33	East , NMPM,	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of C Texas-New Mexico Pipe Name of Authorized Transporter of C Phillips Petroleum C	asinghead Gas XX or Dry Gas	Address (Give address to which approv BOX 1510, Midland, Texas Address (Give address to which approv BOX 6666, Odessa, Texas	5
If well produces oil or liquids,	Unit Sec. Twp. F.ge.	Is gas actually connected? When Yes	en Unknown
give location of tanks.	I 12 175 32E		
COMPLETION DATA	Vith that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spuddod		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Depth Casing Shoe
Perforations			Depth Casing Silve
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
TEST DATA AND REQUES."	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil lepth or be jor full 24 hours)	l and must be equal to or exceed top allow-
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas - MCF
Actual Prod. During Test	Oll-Bbla.	Water-Bbls.	
L			
GAS WELL	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D		4 1 1 4 1 1	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
. CERTIFICATE OF COMPLI	ANCE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		n APPROVED	
Commission have been complie above is true and complete to	the best of my knowledge and belies	(BY	1.4.5
		TITLE	n an ann an Arrange ann an
T. P. Bates Vice President, Sec	Signature) ondary Recovery (Title)	- If this is a request for all well, this form must be accom- tests taken on the well in acc - All sections of this form	must be filled out completely for allow
November 8, 1973	(Date)	Fill out only Sections I.	II. III. and VI for changes of owner porter, or other such change of condition out be filed for each pool in multip

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