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	DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COMMISS.		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE	TOOD AND THUE G. C. U		Effective 1-1-65	
	! ! !		INSPORT OIL AND NATUE AL	GAS	
	LAND OFFICE			,, ,,	
	OIL		and will		
	TRANSPORTER GAS				
	OPERATOR	·			
			:		
I.	PRORATION OFFICE Operator				
	Shenandoah Oil	Corporation			
	Address				
	406 Mutual Savings Bldg., Fort Worth, Texas 76102				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	$oxdots egin{array}{c} oxdot oxho oxdot ox oxdot oxdot ox oxdot ox oxdot ox oxdot oxho ox oxdot ox oxdot ox oxdot ox oxdot ox ox oxdot ox ox oxdot ox ox ox ox ox ox ox ox ox ox$	bruary 1, 1966	
	Change in Ownership X	Casinghead Gas Conden	asate		
			901		
	If change of ownership give name_	on the delay of the		mitica Dlda	
	If change of ownership give name and address of previous owner	sonard Nichols Ull Co	o.,/Mercantile Secu.		
				Dallas, Texas	
II.	DESCRIPTION OF WELL AND	Well No.: Pool Name, Including Fo	ormation Kind of Lea	se Lease No.	
	Lease Name			1	
	Phillips State	5 Maljamar	Grayburg State, Feder	ral or Fee State B-2148	
	Location				
	Unit Letter L ; 660	DFeet From The WestLin	e and 1980 Feet From	The South	
	Omt Better				
	Line of Section 16 Tow	vnship 17 Range	33 , NMPM,	Lea County	
	Ellie of Section 20				
	DEGLES ARTON OF MD ANGRORS	PED OF OIL AND NATURAL CA	c		
111.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is 12 be sent)				
			1		
	Texas-New Mexico P	ipe Line Company	Box1510, Midland, To Address (Give address to which appropriate to the state of the	exas	
	Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🦳		!		
	Phillips Petroleum	Company	Bartlesville, Okla		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen	
	give location of tanks.	¦к 16 17 33	Yes	Unknown	
	If this production is commingled with	that from enviother lease or pool	give commingling order number:	-	
IV	COMPLETION DATA	in that from any other lease of pool,	give comminging order number.		
1 .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion	on - (X)	† † † † † † † † † † † † † † † † † † †		
	Data Sandad	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compt. Heady to Floa.	Total Boptii	1.2	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10p On/Gds Pdy	Tubing Depth	
	Perforations Depth Casing Cases				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			Company of the state of the state of	I and must be sound to or support ton allows	
V.	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)				
	OIL WELL Date First New Oil Run To-Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run 10:1 dura	Date of Yest			
			10-1-0-0	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	5,1020 5,120	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	GAS WELL			<u></u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Float Foot Mol/ 2				
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-18)	Casing Fressmer Lance	0.025	
			1		
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
				, 19	
	Therefore and for the the sules and	regulations of the Oil Conservation	APPROVED	, 19	
	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.		11		
			(BY		
			TITLE		
			1		
			This form is to be filed in compliance with RULE 1104.		
	THA +		ve this is a request for allowable for a newly drilled or deepened		
	T P Bates (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	District Business		tests taken on the well in acc	cordance with RULE 111.	
			All sections of this form must be filled out completely for allowable on new and recompleted wells.		
			II III and WI for changes of owner.		
	Managara 12 1000	March 15, 1966		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.	

(Date)

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 multiply completed wells.