

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
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-105  
Effective 1-1-65

I.

Operator

Shenandoah Oil Corporation

Address

1018 Commerce Bldg., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State "D"	Well No.	2	Pool Name, Including Formation	Maljamar Grayburg - S.A.	Kind of Lease	State, <del>Recompletion</del> B-2516
Location	Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>						
Line of Section	<u>8</u>	Township	<u>17S</u>	Range	<u>33E</u>	NMPM,	<u>Lea</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Phillips Petroleum Company			Address (Give address to which approved copy of this form is to be sent) Box 666, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>8</u>	Twp. <u>17S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>	When <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-185

IV. COMPLETION DATA

Designate Type of Completion - (X)	<u>X</u>	Oil Well	<u>X</u>	Gas Well	<u>X</u>	New Well	<u>X</u>	Workover	<u>X</u>	Deepen	<u>X</u>	Plug Back	<u>X</u>	Same Res'v.	<u>X</u>	Diff. Res'v.	<u>X</u>
Date Spudded	<u>9-20-68</u>	Date Compl. Ready to Prod.	<u>10-18-68</u>		Total Depth	<u>4433'</u>		P.B.T.D.	<u>4432'</u>								
Pool	<u>Maljamar GR-SA</u>	Name of Producing Formation	<u>Grayburg</u>		Top Oil/Gas Pay	<u>4194'</u>		Tubing Depth	<u>4185'</u>								
Perforations	<u>4194-4206</u>	<u>4290-4296</u>	<u>4252-4258</u>	<u>4322-4332</u>	Depth Casing Shoe												

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8" O.D. 28#</u>	<u>368'</u>	<u>250 sxs type "H"</u>
<u>7-7/8"</u>	<u>5-1/2" O.D. 15.5#</u>	<u>4432'</u>	<u>w/2% CaCl<sub>2</sub></u>
<u>2-3/8" EUE tbg.</u>	<u>4185'</u>	<u>4185'</u>	<u>250 sxs Reg. Posmix</u>
			<u>w/2% gel</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load bil 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	<u>10-25-68</u>	Date of Test	<u>11-6-68</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>Pumping</u>		
Length of Test	<u>24 hrs.</u>	Tubing Pressure	<u>--</u>	Casing Pressure	<u>--</u>	Choke Size	<u>--</u>
Actual Prod. During Test	<u>6</u>	Oil-Bbls.	<u>5</u>	Water-Bbls.	<u>1</u>	Gas-MCF	<u>.25</u>

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

VI. 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.

[Signature]  
(Signature)

Supervisor, Secondary Recovery

(Title)

November 6, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY John W. Runyan

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 Sections I, II, III, and VI only 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.