

| | |
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| DISTRICT | |
| 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-11
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 <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner New Well

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|-------------------------|--------------------|----------------------------------------------------|-----------------------------------------|
| Lease Name State "A" | Well No. B-2516 | Pool Name, Including Formation 8 Maljamar GR-SA | Kind of Lease State, Federal or Free |
| Location | | | |
| Unit Letter E | 990 | Feet From The West | Line and 2310 |
| Line of Section 9 | | Township 17S | Range 33E |
| | | NMPM, Lea | 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"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Texas-New Mexico Pipeline Company | Box 1510 Midland, Texas | |
| 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 | Box 6666 Odessa, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 8 |
| | Twp. 17 | Rge. 33E |
| | Is gas actually connected? Yes | |
| | When Unknown | |

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

IV. COMPLETION DATA * See attached letter

| | | | | | | | | |
|------------------------------------------------|----------------------------------------------|-----------------------------------|----------------------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't. <input type="checkbox"/> | Diff. Res't. <input type="checkbox"/> |
| Date Spudded May 13, 1969 | Date Compl. Ready to Prod. June 15, 1969 | | Total Depth 4504' | | P.B.T.D. 4498' | | | |
| Pool Maljamar GR-SA | Name of Producing Formation Grayburg | | Top Oil/Gas-Flow 4324' | | Tubing Depth 4404' | | | |
| Perforations 4324' - 4331' 4415' - 4422' | 4442' - 4454' | | Depth Casing Shoe 4499' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 11" | CASING & TUBING SIZE 8 5/8" 28# H-40 | | DEPTH SET 377' | | SACKS CEMENT 225(circulated) | | | |
| 7 7/8" | 5 1/2" 14# J-55 | | 4498' | | 250 Incor Posmix | | | |
| | | | | | | Survey Top 3200' | | |

V. 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 June 15, 1969 | Date of Test June 16 to 17 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 21 Bbls. Total | Oil-Bbls. 20 | Water-Bbls. 1 | Gas-MCF 16.0 MCF 800:1 |

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.

T. P. Butler
(Signature)
Manager, Secondary Recovery
(Title)
June 18, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John O. Ramsey
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.