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O.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

Operator
Shenandoah Oil Corporation
Address
P.O. Box 1027 Odessa, Texas 79760

Reasons for filing (Check proper box) Other (Please explain)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☒	Casinghead Gas	☐ Condensate ☐

If change of ownership give name and address of previous owner **APCO Oil Corporation, P.O. Box 1027, Odessa, Texas 79760**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Christmas	Well No. 1	Pool Name, including Formation Eumant-- Queen Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D	660	Feet From The West	Line and 660	Feet From The North
Line of Section 11	Township 20	Range 37	NMPM Lee	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Company	2223 Dodge Street, Omaha, Nebraska	
If well produces oil or liquids, give location of tanks.	Unit NA	Sec. NA
	Twp. NA	Rge. NA
	Is gas actually connected?	When
	Yes	2-9-61

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. PHL, Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DE, 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

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-Bbls.		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

Manager Primary Production
(Signature)
11/1/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **11/1/77**, 19
BY **Jerry T. Grier**
TITLE **Dist. L. Grier**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep in well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of well.