

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SANITARY	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

C. W. Stumhoffer

Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion

Change in Ownership ☐

Change in Transporter of:

Oil

Castinghead Gas

Dry Gas

Condensate

Other: (Please explain)

(Please explain)
UNSUBSCRIBED GAS MUST NOT BE
FLAMED AGAIN 11/1/83
UNLESS AN ADDITION TO R-4070
IS REQUIRED.

If change of ownership give name
and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL

~~DESIGNATED BELOW. IF YOU DO NOT CONCUR~~
~~NOTIFY THIS OFFICE.~~

1. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease Fee
Shipman		1	Jangle Mattix / Rvrs Q Grayburg	State, Federal or Fee	Fee
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310'</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea					

L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
Conoco, Inc. <i>Surface Trans.</i>					P. O. Box 2587, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Not Connected					---	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 22S	Rge. 37E	Is gas actually connected? No	When --

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

7. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res.
		X		X					
Date Spudded 7/6/82	Date Compl. Ready to Prod. 8/26/82			Total Depth 3685' KB			P.B.T.D. 3636' KB		
Elevations (DF, RKB, RT, GR, etc.) 3297' GR, 3307' KB	Name of Producing Formation Penrose (Lower Queen) Sand			Top Oil/Gas Pay 3550'			Tubing Depth 3578' KB		
Perforations 3561' - 3632' KB overall							Depth Casing Shoe 3654' KB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	1177' KB	600
7-7/8"	4-1/2" OD	3654' KB	1800
4"	2-3/8" OD	3578' KB	None

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)

OIL WELL			
Date First New Oil Run To Tanks 8/27/82	Date of Test 9/1/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20 psig	Casing Pressure 20 psig	Choke Size None
Actual Prod. During Test 27 BF	Oil - Bbls. 7	Water - Bbls. 20 (frac water)	Gas - MCF 15 (est)

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. W. Starnhoff

C. W. Stumhoffer (Signature)

Operator

September 3, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 13 1982 . 19

BY Eddie W. Dean

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE III.

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 owner, number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.