

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SOHIO PETROLEUM COMPANY, ATTN: ONSHORE NORTH PRODUCTION	Well API No. 30-025-30513
Address P.O. Box 4587, Houston, Texas 77210	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Request for test allowable 3000bbl. (stored in Frac tanks) <i>Jan 1989</i>	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood 8	Well No. 8-1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : 1980 Feet From The <u>East</u> Line and 860' Feet From The <u>North</u> Line Section 8 Township <u>17S</u> Range <u>38E</u> , <u>NMPM</u> , <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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Tx. 79711-0196					
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)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	Twp. 17S	Rge. 38E	Is gas actually connected? NO	When?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Dec. 22, 1988	Date Compl. Ready to Prod. Estimate Test 1-31-89		Total Depth 11,800'		P.B.T.D. 11755'			
Elevations (DF, RKB, RT, GR, etc.) 3714' GRL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,224'		Tubing Depth 11150'			
Perforations 11218-221', 11241-247', 11262-265', 11273-276', 11280-286', 11311-315'					Depth Casing Shoe 11,800'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	426'	400 sx.
11"	8-5/8"	4490'	1700 sx.
7-7/8"	5 1/2"	11800'	1175 sx.
	2-7/8" tubing	11150' pkr)	

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 Tank	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 - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature *J. Hoffer*
J. Hoffer, North Area Prod. Supt.
Printed Name
Date *January 27, 1989* Telephone No. (713)552-8500

OIL CONSERVATION DIVISION

Date Approved **JAN 30 1989**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All portions of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.