

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.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 Form C-101 and C-102  
Effective 4-1-82

Operator  
**SOHIO PETROLEUM COMPANY**

Address  
**P.O. Box 3000 Midland, TX 79702**

Reason(s) for filing (check proper box) Other (Please explain)

New Well <input 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"/>

**NAME CHANGE ONLY**

If change of ownership give name and address of previous owner **SOHIO NATURAL RESOURCES COMPANY**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Penrose</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>061446</b>
Location Unit Letter <b>E</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b>				
Line of Section <b>9</b> Township <b>22S</b> Range <b>37E</b> , 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"/> <b>Shell Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, TX</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Oil Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1650 Tulsa, OK</b>
If well produces oil or liquids, give location of tanks.	Unit <b>E</b> Sec. <b>9</b> Twp. <b>22S</b> Rge. <b>37E</b> Is gas actually connected? <b>Yes</b> When

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

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

**VI. 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)

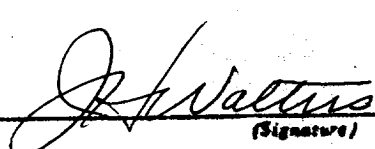
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**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

**I. 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.

  
District Superintendent  
(Title)

**8/05/82**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED   AUG 11 1982  , 19\_\_

BY   JERRY SEXTON    
ORIGINAL SIGNED BY  
DISTRICT SUPER.

**TITLE**   DISTRICT SUPER  

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 only Sections I, II, III, and VI 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.

RECEIVED  
JAN 16 1980  
OIL CONSERVATION DIV.

RECEIVED  
AUG 6 1982  
O.C.D.  
HOBBBS OFFICE