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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-105
Effective 1-1-65

I. Operator

SOHIO NATURAL RESOURCES COMPANY

Address
P. O. Box 3000 Midland, TX 79702

Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in ownership of ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
NAME CHANGE ONLY

If change of ownership give name and address of previous owner
Sohio Petroleum Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hinton	Well No. 10	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Free Federal	Lease No. 004718
Location Unit Corner D 660 Feet From The North Line and 330 Feet From The West Line of Section 13 Township 22S Range 37E , NMPM, Lea 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)
Texas New Mexico Pipeline Co.	P. O. Box 1510, Midland, TX
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 Co.	2223 Dodge, Omaha, NE
If well produces oil and gas, give location of lease Unit D Sec. 13 Twp. 22S Rge. 37E	Is gas actually connected? Yes When May 1957

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 ☐ Stimulation ☐
Date (partial) Date Compl. Ready to Prod.	Total Depth F.B.T.D.
Elevation (ft.) Name of Producing Formation	Logging Depth
Perforations	Depth Casing Set
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

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 greater than allowable for this depth or be for full 24 hours)

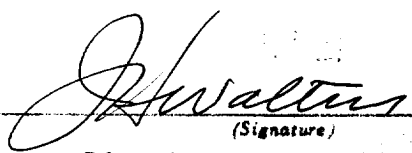
Date First News Shown To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.


(Signature)
District Superintendent
(Title)
May 22, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 20 1979**
BY **Jerry Sexton**
Dist 1, Supv.
TITLE

This form is to be filed in compliance with RULE 1164.

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.