

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-1 Effective 1-1-65	
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE			
SOHIO PETROLEUM COMPANY			
Address P. O. Box 3000 Midland, Texas 79702			
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	NAME CHANGE ONLY	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner: SOHIO NATURAL RESOURCES COMPANY			
DESCRIPTION OF WELL AND LEASE			
Lease Name Walden "A"	Well No. 4	Pool Name, including Formation Hare Simpson McKee	Kind of Lease State, Federal or Fee Fee
Lease No.			
Location Unit Letter E 1830 Feet From The North Line and 660 Feet From The West			
Line of Section 15 Township 22S Range 37E, NMPM, Lea County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910 Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650 Tulsa, OK	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 22S
			Rge. 37E
			is gas actually connected? Yes
			When
If this production is commingled with that from any other lease or pool, give commingling order number: PC-519			
COMPLETION DATA			
Designate Type of Completion - (X)			
	Oil well	Gas well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'ty.
			Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, 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
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
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 11 1982, 19	
(Signature) District Superintendent		ORIGINAL SIGNED BY JERRY SEXTON	
(Title)		TITLE DISTRICT SUPER	
(Date) 8/05/82		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.	

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JAN 16 1980  
OIL CONSERVATION DIV.

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AUG 6 1982  
O.C.D.  
HOBBS OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-134  
Supersedes Old C-104 and C-111  
Effective 1-1-75

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LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

**I. SOHIO NATURAL RESOURCES COMPANY**

P. O. Box 3000 Midland, Texas 79702

Reason(s) for filing in proper box:

New Well ☐ Change in Transporter etc. ☐ Other (Please explain) \_\_\_\_\_

Recompletion ☐ Oil ☐ Gas ☐ NAME CHANGE ONLY

Change in ownership ☐ Casinghead Gas ☐ \_\_\_\_\_

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: **Walden "A"** Well No.: **4** Pool Name, Name and Formation: **Hare Simpson McKee** Kind of Lease: **State, Federal or Fee** Fee: **Fee**

Location: **E 1830** Feet From The **North** **660** Feet From The **West**

Line of Section: **15** Township: **22S** Range: **37E** NMCM, **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil **XX** or Condensate ☐ **Shell Pipeline Co.** Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1910, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas **XX** or Dry Gas ☐ **Getty Oil Co.** Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1650, Tulsa, OK**

If well produces oil and gas: **F** Sec. **15** Twp. **22S** Range **37E** Is gas or oil connected? **Yes** When: \_\_\_\_\_

If this production is commingled with that from any other lease, give the following order number: **PC-519**

**IV. COMPLETION DATA**

Designate type of Completion: **(X)** oil well ☐ Gas well ☐ Deepen ☐ Plug Back ☐ \_\_\_\_\_

Date Spudded: \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_

Elevation of Well Head (ft. above sea level): \_\_\_\_\_ Name of Formation Formation: \_\_\_\_\_

Perforations: \_\_\_\_\_

**TUBING, CASING, AND CEMENTING RECORD**

DATE SET	CASING & TUBING SIZE	DEPTH SET	SACKS OF CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be done at least at rated volume of load oil and must be repeated in excess of allowable for this well at least 10 hours)

Date First Test: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Length of Test: \_\_\_\_\_ Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Actual Prod. During Test: \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Gas-Bbls. \_\_\_\_\_

**GAS WELL**

Actual Prod. Test-MCF/Day: \_\_\_\_\_ Length of Test: \_\_\_\_\_

Testing Method (shut, 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 correct to the best of my knowledge and belief.

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

**OIL CONSERVATION COMMISSION**  
**JUN 20 1979**  
APPROVED BY **Jerry Sexton**  
Dist. I, Supv.

This form is to be filed in compliance with RULE 1102.  
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.

**RECEIVED**

**MAY 25 1979**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**