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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 O-104  
 Supersedes Old 104 and 110  
 Effective 1-1-61

**I. OPERATOR**

Operator: **SOHIO NATURAL RESOURCES COMPANY**

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

Reason for filing (check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in ownership  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 <b>Elliott B-12-2</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC064427</b>
Location Section <b>E 2310</b> Feet From The <b>North</b> Corner of <b>660</b> Feet From The <b>West</b> Corner of <b>12</b> Township <b>22S</b> Range <b>37E</b> , NMEM, <b>Lea</b> County				

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

Name of Transporter of Oil  or Condensate   
**The Permian Corporation** P. O. Box 3119 Midland, TX 79702

Name of Transporter of Natural Gas  or Dry Gas   
**Getty Oil Company** P. O. Box 1650, Tulsa, OK 74102

If change of ownership, give name and address of previous owner:  
 Section **E 12** Twp. **22S** Range **37E** Yes **9/24/73**

If this well is not complied with that from any other lease or pool, give sampling order number: **PC-482**

**IV. COMPLETION DATA**

Depth of Completion (ft.) <b>(V)</b>	Oil well <input type="checkbox"/> Gas well <input type="checkbox"/> Deepener <input type="checkbox"/>	Blowback <input type="checkbox"/> Core Bent <input type="checkbox"/> (ft. depth)
Date Compl. Ready to Prod.	Flowing <input type="checkbox"/> Non-Flowing <input type="checkbox"/>	Flowing <input type="checkbox"/> Non-Flowing <input type="checkbox"/>
Name of Producing Formation	Flowing <input type="checkbox"/> Non-Flowing <input type="checkbox"/>	Flowing <input type="checkbox"/> Non-Flowing <input type="checkbox"/>
Depth Casing shoe		Depth Casing shoe

TUBING, CASING, AND CEMENTING RECORD			
PIPE 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 exceed any allowable for this depth or be for full 24 hours*

Date First Test (oil) <b>10/1/73</b>	Date of Test	Flowing method (lost. pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Production by Test	Oil-Bbls.	Core Size

**GAS WELL**

Actual Production (MCF)	Length of Test	Br. Condensate/MMCF	Gravity of Condensate
Testing Method (split, 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.

*J. H. Walters*  
 (Signature)

**District Superintendent**

(Title)

**May 22, 1979**

(Date)

OIL CONSERVATION COMMISSION

**JUN 20 1979**

APPROVED \_\_\_\_\_, 1979

BY **Orig. Signed by**

**Jerry Sexton**

TITLE **Dist. L. Supv.**

This form is to be filed in compliance with RULE 110.

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.

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**MAY 25 1979**

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