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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-110  
Effective 1-1-65

**SOHIO NATURAL RESOURCES COMPANY**  
P. O. Box 3000 Midland, TX 79702

Reasons for filing (check proper box) Other (Please explain)

New well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in ownership  Casinghead Gas  Condensate  **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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Elliott B-12-2</b>	<b>3</b>	<b>Wantz Granite Wash</b>	State, Federal or Fee <b>Federal</b>	<b>LC064427</b>
Location	Feet From The <b>North</b> <b>660</b> Feet From The <b>West</b>			
Section <b>12</b>	Township <b>22S</b>	Range <b>37E</b>	NMPL, <b>Lea</b> County	

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

Name of Applicant (Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>The Permian Corporation</b>	<b>P. O. Box 3119, Midland, TX 79702</b>			
Name of Applicant (Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Getty Oil Company</b>	<b>P. O. Box 1650, Tulsa, OK 74102</b>			
Section <b>E 12</b>	Township <b>22S</b>	Range <b>37E</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	9/24/73
If this well is being drilled with that from any other lease or pool give corresponding order number: <b>PC-482</b>				

**IV. COMPLETION DATA**

Well No.	Completion (A)	Well Type	Drilled	Deepened	Recompleted
Date Compl. Ready to Prod.					
Producing Formation					
Feet to Top					

**TUBING, CASING, AND CEMENTING RECORD**

HOLES SET	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 24 hours.)

Date Test (Shut-in, Flow, Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**GAS WELL**

Actual Prod. (Test-MCF/D)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, 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. Swartz*  
(Signature)

**District Superintendent**  
(Title)

**May 22, 1979**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED

**JUN 20 1979**

BY

**Orig. Signed by  
Jerry Sexton**

TITLE

**Dist. I. Supv.**

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.