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TRANSPORTER	OIL	
	GAS	
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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
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DEC 9 1968
O. C. G.
ARTESIA, OFFICE

Operator Sohio Petroleum Company	
Address P. O. Box 3167, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 1-19 Com.	Well No. 1	Pool Name, Including Formation McMillan (Morrow) Gas	Kind of Lease State, Federal or Fee State	Lease No. K-851 & L-355
Location				
Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West				
Line of Section 19 Township 20-S Range 27-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown - will submit C-104 change when available.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown - Will submit C-104 change when available.						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 19	Twp. 20-S	Rge. 27-E	Is gas actually connected? No	When Unknown

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	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded August 21, 1968	Date Compl. Ready to Prod. November 29, 1968	Total Depth 10,520	P.B.T.D. 10,442					
Elevations (DF, RKB, RT, GR, etc.) 3289 GL, 3304.6 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,322	Tubing Depth 10184					
Perforations 1 shot/ft @ 10322, 327, 344, 348, 364, 365, 379, 381, 396, 10400 & 10405			Depth Casing Shoe 10472					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	424	500 Reg. w/2% CC					
12-1/4	8-5/8	2752	600 sx Incor 4%, 650 Reg.					
7-7/8	4-1/2	10,472	500 sx Incor 4%, 200 Inc.					
-	2-3/8	10,184	-					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1189	Length of Test 24	Bbls. Condensate/MMCF 12	Gravity of Condensate 56.7 @ 600 F.
Testing Method (pitot, back pr.) Back press. - Orifice	Tubing Pressure (shut-in) 3000 psi	Casing Pressure (shut-in) Packer	Choke Size 7/64"

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.

A. K. HOOD

(Signature)

District Superintendent

(Title)

December 5, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 1969**, 19

BY **W. A. Gussert**

TITLE **OIL AND GAS INSPECTOR**

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.