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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-11
Effective 1-1-65

I. Operator
Wainoco, Inc.

Address
Suite 600, 1100 Milam Bldg, Houston, Texas 77002

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
PRODUCED BY THIS WELL
EXCEPT IN ACCORDANCE TO B-4070
IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Hodge, et al Well No.: 1 Pool Name, including Formation: Undes., Wolfcamp Kind of Lease: Fee Lease No.: _____

Location: Unit Letter P, 700 Feet From The South Line and 810 Feet From The East

Line of Section: 28 Township 12-S Range 38-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Koch Oil Company Address (Give address to which approved copy of this form is to be sent)
Suite 2205, Wilco Bldg. Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Not available Address (Give address to which approved copy of this form is to be sent) _____

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>P</u>	<u>28</u>	<u>12-S</u>	<u>38-E</u>	<u>no</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: no

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>8-26-76</u>	<u>12-5-76</u>	<u>12,208</u>	<u>9660</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3812 GR</u>	<u>Wolfcamp</u>	<u>9555</u>	<u>9500</u>
Perforations	Depth Casing Shoe		
<u>9560 - 9565, 9584 - 9594</u>	<u>failed</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>456</u>	<u>475 sx. - C. R.</u>
<u>12 1/2</u>	<u>9 5/8</u>	<u>4516</u>	<u>1500 sx.</u>
<u>8 1/2</u>	<u>5 1/2</u>	<u>12208</u>	<u>650 sx. T/cmt 9440'</u>
		<u>DV tool 9713</u>	<u>failed</u>

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 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.)	
<u>12-6-76</u>	<u>12-16-76</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	-----	-----	-----
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>90</u>	<u>20</u>	<u>57</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

12-20-76
J. W. Mulloy (Signature)
Agent (Title)

OIL CONSERVATION COMMISSION

APPROVED DEC 23 1976, 19
BY John W. Runyan
TITLE Chief

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 allow-