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	DISTRIBUTION	NEW MEXICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C+104			
1	SANTA FE				Supersedes Old C-10)4 and C-1		
į	FILE ,	-	AND		Effective 1-1-65			
į	U.S.G.S.	AUTHORIZATION TO TI	RANSPORT OIL AND NATU	JRAL GAS				
ļ	LAND OFFICE							
ļ	TRANSPORTER GAS	-						
İ	OPERATOR							
ı. İ	PROPATION OFFICE							
	Operator				·			
į	SOHIO PETROLEUM COMPANY							
	Address To 70.70.							
Ì	P. O. Box 3167, Midla Reason(s) for filing (Check proper box		Other (Please expla	in)				
	Tew Well Change in Transporter of: Change in Lease Nam			•	as result of			
Ì	ecompletion Oil Dry Gas Dabandonment of Litt		of Littma	an (San Andres) Uni			
i	Change in Ownership X	Casinghead Gas Conc	iensate			- /		
	f change of ownership give name							
	and address of previous owner	No Change in Operato	r					
,	DESCRIPTION OF WELL AND	I FACE						
. ,	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation Kind	of Lease		ease No.		
į	Ohio - Federal	1 Littman - S	an Andres State	, Federai or Fee	Federal 05	7443-4		
	Location					<u>, , , , , , , , , , , , , , , , , , , </u>		
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	Shell Pipe Line Compa							
	Shell Pipe Line Company Same of Authorized Transporter of Casinghead Gas or Dry Gas Address (Sive address to which approved copy of this form is to be sent)							
į	Name of Authorized Transporter of Car	any singhead Gas or Dry Gas	Box 1910, Midla Address (Sive address to which	nd, Texas ch approved copy	79701 y of this form is to be s	sent)		
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Roy C.

(Signature) District Engineer

(Title) October 20, 1970

(Date)

APPR	OVED			19
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TITLE				

This form is to be filed in compliance with RULE :: 34.

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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