

NEW MEXICO OIL CONSERVATION COMMISS
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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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I.

Operator Sohio Petroleum Company	
Address P. O. Box 3000 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) CASINGHEAD GAS MUST NOT BE PLACED ABOVE 2120/15 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hinton	Well No. 14	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J ; 2169 Feet From The South Line and 2169 Feet From The East				
Line of Section 12 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized 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) 600 Texas Avenue, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12
	Twp. 22S	Rge. 37E
	Is gas actually connected? No When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Dfff. Res'v.
Date Spudded Oct. 3, 1974	Date Compl. Ready to Prod. 12-1-74		Total Depth 7494'		P.B.T.D. 7442			
Elevations (DF, RKB, RT, CR, etc.) 3339 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6309		Tubing Depth 6165'			
Perforations 6921, 7021, 7031, 7035, 6494, 6512, 6613, 6730, 6844, 6892, 6899, 6912, 6919					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		1242 KB		430			
7-7/8"	5-1/2" 15.5# & 17#		7486 RDB		675			
Tubing	1-1/2"		6165'		---			

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)

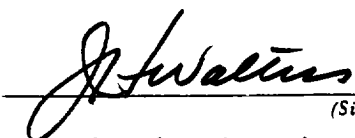
Date First New Oil Run To Tanks 12-1-74	Date of Test 12-3-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 100 psi	Casing Pressure 400 psi	Choke Size 16/64
Actual Prod. During Test	Oil-Bbls. 116	Water-Bbls. Trace	Gas-MCF 475

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.


(Signature)

District Superintendent, Midland District
(Title)

December 5, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 27 1974**, 19

BY **Orie, Signed**

TITLE **Oil & Gas**

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.