

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
SOHIO PETROLEUM COMPANY, ATTN: PRODUCTION WEST (2ND FLOOR)

Address
P.O. BOX 4587, HOUSTON, TEXAS, 77210

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
**REQUEST FOR TEST ALLOWABLE
3000 BBL (STORED IN FRAC TANKS)**

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

DESCRIPTION OF WELL AND LEASE

Lease Name STATE 36	Well No. 1	Pool Name, including Formation SHIPP STRAWN 11/1/88	Kind of Lease State, Federal or Fee STATE	Lease No. VB-155
Location Unit Letter E ; 710 Feet From The WEST Line and 2110 Feet From The NORTH				
Line of Section 36 Township 16S Range 37E , NMPM, LEA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING AND TRANSPORTATION, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 6196, MIDLAND, TEXAS, 79711-0196
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 36 16S 37E No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.	Diff. Res'v.	
Date Spudded APRIL 23, 1988	Date Compl. Ready to Prod. JUNE 3, 1988	Total Depth 11975'	P.B.T.D. 11930	Elevations (DF, RKB, RT, GR, etc.) 3554' GRL.	Name of Producing Formation STRAWN	Top Oil/Gas Pay 11573	Tubing Depth EOT @ 11544	Perforations 11621-11667' @ 2SPF.	Depth Casing Shoe 11974

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	407'	400 SX
11"	8 5/8"	4503'	1735 SX
7 7/8"	5 1/2"	11975	775 SX
5 1/2" CSG	2 7/8"	11512 (PKR)	PKR @ 11512

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.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jerry Sexton
(Signature)
SR. PRODUCTION ENGINEER
(Title)

OIL CONSERVATION DIVISION

APPROVED **JUN 8 1988**, 19 _____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
TITLE _____

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 deviator 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.

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JUN 6 1988

**CCD
BOBBS OFFICE**