

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SOHIO PETROLEUM CO

Address PO Box 4587, 5151 SAN FELIPE, HOUSTON, TX, 77210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>DESIGNATE TRANSPORTER (SEE COMMINGLING ORDER CTB-335)</u>
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE "35"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>SHIPP STRAWN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>L-990</u>
Location				
Unit Letter <u>P</u> ; <u>600</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u>				
Line of Section <u>35</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>LCA</u> County				

II. 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)
<u>TEXAS - NEW MEXICO</u>	<u>PO Box 2528, Hobbs, New Mexico 88240</u>
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)
<u>Phillips 66 Natl Gas</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>A 2 175 37E</u>	<u>Yes 6-8-88</u>

this production is commingled with that from any other lease or pool, give commingling order number: CTB-335

NOTE: Complete Parts IV and V on reverse side if necessary.

III. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
SR. PRODUCTION ENGINEER
(Title)
AUG 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 18 88, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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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