CONFIDENTIAL

Form C-104
Revised 10-1-78

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		

I. Operator

SOHIO PETROLEUM COMPANY   ATTENTION: PRODUCTION WEST (21st Floor)

Address

P. O. BOX 4587, HOUSTON, TEXAS 77210   (713) 552-8500

Reason(s) for filing *(Check proper box)*

New Well [XX]   Change in Transporter of:

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

CASINGHEAD GAS MUST NOT BE FLARED AFTER __7-1-88__ UNLESS AN EXCEPTION TO R-460 IS OBTAINED.

If change of ownership give name and address of previous owner ___ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Ⅰ. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation R-8668	Kind of Lease	Lease No.
STATE 35	#1	SHIPP STRAWN 7/1/88	State, Federal or Fee STATE	L-990

Location

Unit Letter __P__ ; __600__ Feet From The __SOUTH__ Line and __660__ Feet From The __EAST__

Line of Section __35__   Township __16S__   Range __37E__ , NMPM, __LEA__   County

Ⅰ. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [x] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
TEXACO TRADING & TRANSPORTATION COMPANY	P. O. BOX 6196, MIDLAND, TEXAS 79711-0196
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
PHILLIPS 66 NATURAL GAS COMPANY	4001 PENBROOK, ODESSA, TEXAS 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	35	16S	37E	No	

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

V. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded 3-15-88	Date Compl. Ready to Prod. 4-28-88		Total Depth 11,933'			P.B.T.D. 11,889'		
Elevations *(DF, RKB, RT, GR, etc.)* 3753.9 KB	Name of Producing Formation STRAWN		Top Oil/Gas Pay 11,550'			Tubing Depth EOT @ 11,502'		
Perforations 11,565-70'; 11,572-81'; 11,584'-11,616' M.D.						Depth Casing Shoe 11,932'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	54.5#	419	440
11"	8-5/8"	32#	4,504	1500
7-7/8"	5-1/2"	15.5# & 17#	11,932	640
5-1/2" casing	2-7/8"	6.5#	Packer 11,466'	n/a

TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks 4/28/88	Date of Test 5/1/88	Producing Method *(Flow, pump, gas lift, etc.)* FLOWING	
Length of Test 24 hours	Tubing Pressure 527 psig	Casing Pressure 0 psig	Choke Size 19/64
Actual Prod. During Test 522 bbls	Oil - Bbls. 448	Water - Bbls. 74	Gas - MCF 448

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.

_____
(Signature)

SR. PRODUCTION ENGINEER
(Title)

5/4/88
(Date)

OIL CONSERVATION DIVISION

APPROVED __MAY 6 - 1988__ , 19 ___

BY ___ ORIGINAL SIGNED BY JERRY SEXTON

TITLE ___ DISTRICT I SUPERVISOR

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.