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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-71
Effective 1-1-65

I. Operator
SOHIO NATURAL RESOURCES COMPANY
Address
P. O. Box 3000 Midland, TX 79702
Reasons for filing (check proper box)
New well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
NAME CHANGE ONLY
If change of ownership give name and address of previous owner
Sohio Petroleum Company

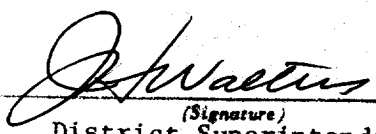
II. DESCRIPTION OF WELL AND LEASE
Lease Name
Phillips Lea Well No. **4SWD** Pool Name, including Formation
Vacuum Grayburg San Andres Kind of Lease
State, Federal or Fee **State** Lease No.
B-4118
Location
Unit **M** **330** Feet From The **South** Line and **330** Feet From The **West**
Line of section **31** Township **17S** Range **34E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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

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 Gas Well New Well Workover Deepen Plug Back Some Reperf. Diff. Reperf.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (alt. Surf. to CR, etc.) Name of Producing Formation Test Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS OF CEMENT

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 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-MMCF
GAS WELL
Actual Prod. Test-MMCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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.

District Superintendent
May 22, 1979
(Date)
OIL CONSERVATION COMMISSION
JUN 20 1979
APPROVED
BY Jerry Sexton
TITLE Dist. 1, Sup.
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.

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MAY 25 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**