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FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRODUCTION 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-1  
Effective 1-1-65

Operator  
SOHIO PETROLEUM COMPANY  
Address  
P.O. Box 3000 Midland, TX 79702  
Reason(s) for filing (check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (if/lease explain)  
NAME CHANGE ONLY  
If change of ownership give name and address of previous owner  
SOHIO NATURAL RESOURCES COMPANY

I. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Phillips Lea  
Well No.  
6  
Pool Name, including Formation  
Vacuum Grayburg San Andres  
Kind of Lease  
State, Federal or Fee  
State  
Lease No.  
B4118  
Location  
Unit Letter  
K  
2310 Feet From The  
South  
Line and  
2310 Feet From The  
West  
Line of Section  
31  
Township  
17S  
Range  
34E  
NMPM,  
Lea  
County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1510 Midland, TX  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Co.  
Address (Give address to which approved copy of this form is to be sent)  
4001 Penbrook Odessa, TX  
If well produces oil or liquids, give location of tanks.  
Unit  
G  
Sec.  
31  
Twp.  
17S  
Rge.  
34E  
Is gas actually connected?  
Yes  
When  
November 1965

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

III. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Elevations (DF, RAB, RT, CR, etc.)  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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 (pilot, back pr.)  
Tubing Pressure (Shut-in)  
Casing Pressure (Shut-in)  
Choke Size

I. 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  
(Signature)  
(Title)  
8-05-82  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  
AUG 11 1982  
BY  
ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE  
DISTRICT 1 SUPER  
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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JAN 10 1980  
OIL CONSERVATION DIV

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AUG 6 1982  
O.C.D.  
HOBBS OFFICE