

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-111
Effective 1-1-65

I.

OPERATOR	
PRORATION OFFICE	
SOHIO NATURAL RESOURCES COMPANY	
Address P. O. Box 3000 Midland, TX 79702	
Reason for filing (check proper box)	Other (Please explain)
New well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	NAME CHANGE ONLY
Change in ownership ☐	
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. 7	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-4118
Location Dist. Letter C	990	Feet From The North	1980	Feet From The West
31	Township 17S	Range 34E	NMFM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil ☒ or Condensate ☐	Address to which approved copy of this form is to be sent P. O. Box 1510, Midland, Texas
Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address to which approved copy of this form is to be sent 4001 Penbrook, Odessa, Texas
If well is connected to existing pipeline, give pipeline name F	Is well actually connected? Yes
Sec. 31	When November 1965
Twp. 17S	
Range 34E	

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

IV. COMPLETION DATA

Designation of Completion (X)	Oil Well	Gas Well	Water Well	Waterover	Deepen	Plug Back	Other	Oil, Perfor.
Date Spudded	Date Compl. Ready to Prod.	Start Day	End Day	End Day	End Day	End Day	End Day	End Day
Elevations (Top of Hole, etc.)	Name of Producing Formation	Producing Interval	Producing Interval	Producing Interval	Producing Interval	Producing Interval	Producing Interval	Producing Interval
Leak-off test								
TUBING, CASING, AND CEMENTING RECORD								
Casing & Tubing Size		Depth Set		Sacks 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 that allowable for this depth - be for full 24 hours)

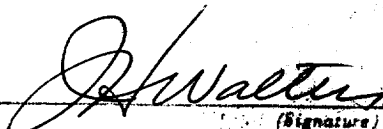
Date Test Run to Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. during Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.


(Signature)

District Superintendent

(Title)

May 22, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 20 1979

BY

Orig. Signed by

Jerry Sexton

TITLE

Dist. 1, Supv.

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.

RECEIVED

MAY 25 1979

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