## DETHIUDION HEW MEXICO OIL CONSERVATION COMMISSI Form C-Ina REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1: Eliactive 1-1-65 SANTA FE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPURT OIL AND NATURAL GAS LANT OF FICE OIL TRA' CORTER OPERATOR PROBATION OFFICE Operatur SOHIO PETROLEUM COMPANY Address P.O. Box 3000 Midland, Texas 79702 Reason(s) for filing ( heck proper box) Other (l'Irase explain) Change in Transporter of: Dry Gas Recompletion CII NAME CHANGE ONLY Change In Ownership Condensate Casinghead Gas If change of ownership give name SOHIO NATURAL RESOURCES COMPANY and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No., Puol Name, Including Formation Kind of Lease Phillips Lea State, Federal or Fee 8 Vacuum Grayburg San Andres State Location 1650 990 West, Feet From The South Line and Unit Letter Feet From The 17S 34E 31 , NMPM, Lea Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil 🔀 P.O. Box 1510 Midland, TX Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Name of Authorized Transporter of Casinghead Gas X or Dry Gas 4001 Penbrook Odessa, TX Phillips Petroleum Co. Twp. P.ge. Unit Sec. Is gas actually connected? If well produces oil or liquids, 31 17S | 34E G Yes November 1965 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Oll Well Deepen Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Same Resty, Diff. Resty. Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Mathod (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbie. Gas - MCF Actual Prod. During Test Oil-Bhie.

**GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Bbis. Condensate/MMCF Length of Test Choke Size Cosing Pressure (Shut-im) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

## 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.

alter (Signature) District Superintendent

(Title)

105/8 (Date)

OIL CONSERVATION COMMISSION

Legae No.

County

B4118

AUG 1 1 1382 APPROVED

ORIGINAL SIGNED BY

JERRY SEXTON TITLE \_

DISTRICT 1 SUPR.
This form is to be filed in compliance with RULE 1194.

If this is a request for allowable for a newly drilled or despensel 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 walls.

Fill out only Sections 1. II. III, and VI for changes of corner, all name or number, or transporten or other such change of condition. Separate Forms C-104 must be flied for each poul in multiply moleced wells.

RECEIVED

JAN 1 6 1980

OIL CONSERVATION DIV.

RECEIVED

AUG 6 1982

MOBBS OFFICE