

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

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

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LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
REMARKS	

SOHIO NATURAL RESOURCES COMPANY

P. O. Box 3000 Midland, Texas 79702

Reason for change (check proper box)

New lease

Revised lease

Change in ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Phillips Lea	8	Vacuum Grayburg San Andres	State, Federal or Fee	B-4118				
Direction	N	990 Feet From The South	Line and	1650 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)
Texas New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas
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 Petroleum Company	4001 Penbrook, Odessa, Texas
If well and transporter are in same State, give in State of well	Is well actually connected? When
G 31 17S 34E	Yes November 1965

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

IV. COMPLETION DATA

Designation of Completion (A)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-In	Off-Well
Date Applied	Date Compl. Ready to Prod.	Water Depth	F.R.T.D.					
Electrical Log (R, C, G, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
Perforations			Depth Casing					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	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 greater than allowable for this depth or be for full 24 hours)

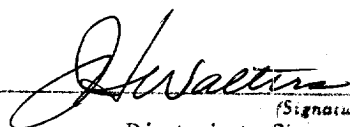
Date First Test Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boil. Condensate-MMCF	Gravity of Condensate
Sealing Method (plug, 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

APPROVED JUN 20 1979
BY Orig. Signed 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.