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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-110  
Effective 1-1-65

I.

Operator SOHIO PETROLEUM COMPANY	
Address P. O. Box 3167, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips Lea	Well No. 8	Pool Name, Including Formation Vacuum, Grbg. - San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-4118
Location				
Unit Letter 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Rm. B-2, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	When 11-24-65

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-7-70	Date Compl. Ready to Prod. 9-24-70		Total Depth 4950		P.B.T.D. 4918			
Elevations (DF, RKB, RT, GR, etc.) 4102 KB, 4092 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4701		Tubing Depth 4910			
Perforations One shot each @ 4702, 4718, 4727, 4740, 4745, 4747, 4751, 4754, 4758,	4761, 4765, 4768, 4771, 4774, 4777 & 4805		Depth Casing Shoe 4949					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		365		325 Sks. 2% cc.			
7-7/8	4-1/2		4949		150 Sks. Incor 4% Gel			
	2-3/8		4910		150 Sks. Incor			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12-7-70	Date of Test 12-7-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 50 psi	Casing Pressure 150 psi	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 22	Water-Bbls. 140	Gas-MCF 31

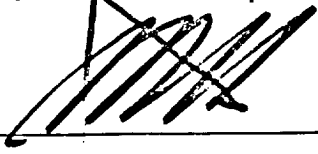
GAS WELL

GOR 1409

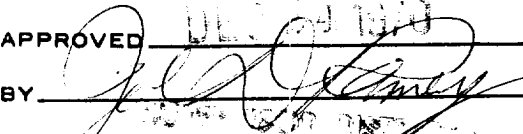
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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) A. K. Hood  
District Superintendent  
(Title)  
December 16, 1970  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19  
BY  
TITLE

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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