FEB 12 '88 15:12 HOU SOHIO ONSHORE OPERATIONS SOHIO RESTRICTED

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
SOHIO PETROLEUM CO

Address
P.O. BOX 4587, HOUSTON, TX 77210 ATTN: PRODUCTION WEST

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

CASINGHEAD GAS ~~SHALL NOT BE~~ FLARED AFTER 4-4-88 UNLESS AN EXCEPTION TO R-[illegible] IS OBTAINED.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE 2	1	SHIPP STRAWN	State, Federal or Fee STATE	V-654

Location
Unit Letter A : 530 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 2 Township 17 S Range 37E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
TEXACO TRADING & TRANSPORTATION INC

Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 6196, MIDLAND, TX 79711-0196

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	2	17S	37E	NO	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-30-87	2-4-88	12027	11979

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3767.6 KB	STRAWN	11500	11525

Perforations	Depth Casing Shoe
11544 - 11569, 11576 - 11606 MD BKB	12023

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5 #	412	500
11"	8 5/8" & 32#	4172	1750
7 7/8"	5 1/2" 15.5 & 17#	12023	900

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
2-4-88	2-12-88	FLOWING

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	740 psi	0 psi	26/64"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
OIL & WATER 799 BBLS	751	48	550

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
—	—	—	—

Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
—	—	—	—

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. W. Sutton Jr. L. W. SUTTON, JR.
(Signature)

PRODUCTION ENGINEER
(Title)

2-12-88
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE [illegible].

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 operator, well name or number, transporter, or other such change of condition.