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

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SANTA FE		
FILE		
U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
SOHIO PETROLEUM COMPANY

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

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)
TEST ALLOWABLE NOT TO EXCEED 3000 BBLS. Feb 1988

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
STATE 2	2-1	~~WILDCAT~~ (STRAWN)	State, Federal or Fee STATE

Location
Unit Letter A : 530 Feet From The NORTH Line and 660 Feet From The EAST
Line of Section 2 Township 17S Range 37E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]
EXXON TRADING & TRANSPORTATION INC
Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 6196, MIDLAND, TX

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,	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:

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

Elevation (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	P.B.T.D
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe

Perforations
11544-11569, 11576-11606 MDBKB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Length of 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 (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.

(Signature)
ENGINEER
(Title)
2/9/88
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1988, 19__
ORIGINAL SIGNED BY JERRY SEXTON
BY DISTRICT I SUPERVISOR
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