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U.S.G.S.	
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 O-104
 Supersedes Old O-104 and O-110
 Effective 1-1-65

I. OPERATOR

Operator: SOHIO NATURAL RESOURCES COMPANY

Address: P. O. Box 3000 Midland, TX 79702

Reasons for being in each proper box:

New Well: Change in Transporter of: Oil Dry Gas Condensate

Recompletion: Change in ownership: Casinghead Gas

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: <u>Magruder State</u>	Well No.: <u>1</u>	Pool Name, including Formation: <u>Eumont Yates 7 Rivers Queen</u>	Kind of Lease: <u>State</u>	Lease No.: <u>11297</u>
Location: <u>0 660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section: <u>28</u>	Township: <u>20S</u>	Range: <u>36E</u>	NMPM: <u>Lea</u>	County: <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline</u>	<u>P. O. Box 1510, Midland, TX</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook, Odessa, TX</u>
If well produces gas, give location of gas	In gas actually connected? When
<u>0 28 20S 36E</u>	<u>Yes October 1955</u>

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

IV. COMPLETION DATA

Designate type of Completion: (V)	Oil well	Gas well	New well	Workover	Deepen	Re-work	Re-test
Date of completion	Date Compl. Ready to Prod.	Test Begin	Test End	Flowing Depth	Flowing Depth	Flowing Depth	Flowing Depth
Elevation of wellhead	Name of Producing Formation	Flowing Gas Only	Flowing Gas Only	Flowing Gas Only	Flowing Gas Only	Flowing Gas Only	Flowing Gas Only
Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations

TUBING, CASING, AND CEMENTING RECORD

CASING 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 in amount to allowable for this depth or better full 24 hours)

Date First Test	Date of Test	Producing Method (flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF	Length of Test	Abrs. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.

J. H. Walters
 (Signature)
 District Superintendent
 (Title)
 May 22, 1979
 (Date)

OIL CONSERVATION COMMISSION

JUN 20 1979

APPROVED _____

BY Jerry D. Smith
 (Signature)
 District Superintendent

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.

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MAY 25 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**