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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 C-104
Supersedes Old C-104 and C-113
Effective 1-1-65

I.

Operator SOHIO NATURAL RESOURCES COMPANY	
Address P. O. Box 3000 Midland, TX 79702	
Reason(s) for filling (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
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 Magruder State	Well No. 4	Pool Name, including Formation Eumont Yates 7 Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. 11297
Location Unit letter I 1650 Feet From The South Line and 990 Feet From The East				
Line of Section 28 Township 20S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX	
If well produces oil or liquids, give location of tanks.	Unit J Sec. 28 Twp. 20S Rge. 36E	Is gas actually connected? Yes When October 1955

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

IV. COMPLETION DATA

Designation Type of Completion - (A)	Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		PERF.		
Elevations (ft.) (Top of Casing, Bottom of Hole, etc.)	Name of Producing Formation		Test Oil, Gas Pay		Tubing Depth		
Perforations					Depth (feet) (from top of casing)		
TUBING, CASING, AND CEMENTING RECORD							
PIPE 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)

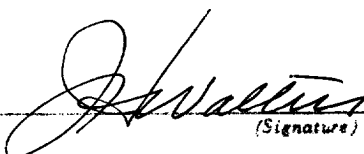
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MMCF/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

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)

District Superintendent
(Title)

May 22, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 20 1979**

BY **Jerry Sexton**
Orig. Signed by
Dist. 1, Supv.

This form is to be filed in compliance with RULE 10.1.
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.**