

NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
SOHIO NATURAL RESOURCES COMPANY

P. O. Box 3000 Midland, Texas 79702

Reason for change (check proper box)

New well

Recompleted

Change in ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.			
State "A"	2	Penrose Skelly Grayburg	State, Federal or Free State				
Direction	E	1980 Feet From The North	Line and	4620 Feet From The East			
Line of Section	32	Township	21S	Range	37E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Approved Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Co.	P. O. Box 1910, Midland, Texas					
Name of Approved Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Co.	P. O. Box 1650, Tulsa, OK					
If well produces oil or fluids, give location of tanks	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	F	32	21S	37E	Yes	NA

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Oil Wells
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Direction of Flow (N, S, E, W, etc.)	Name of Producing Formation	Top of Producing Formation	Running Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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 exceed trap allowable for this depth or be for full 24 hours)

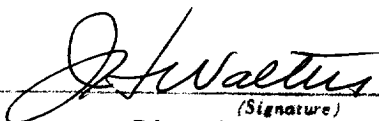
Date First Flow Test	Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MMCF	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.



District Superintendent

(Title)
May 22, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1979

BY Jerry Serna

TITLE Tax I, Supp.

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.

RECEIVED

MAY 25 1979

OIL CONSERVATION COMM.
HOBBS, N. M.