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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-110  
Effective 1-1-65

Operator  
**SOHIO PETROLEUM COMPANY**

Address  
**Box 3167, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE** *North Lumber San Andres Geo*

Lease Name <b>ALVES "A"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Undesignated, San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>M</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>660</b>	Feet From The <b>West</b>
Line of Section <b>8</b>	Township <b>21-S</b>	Range <b>37-E</b>	, NMPM, <b>Lea</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>None (Will submit C-104 for change in transporter)</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Northern Natural Gas Company</b>	<b>Box 3316, Midland, Texas 79701</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>8</b>	Twp. <b>21-S</b>	Rge. <b>37-E</b>
			Is gas actually connected? <b>No</b>	When (Approval from NMOCC of Non-Std. Gas Unit)

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3-15-72</b>	Date Compl. Ready to Prod. <b>4-7-72</b>		Total Depth <b>4446'</b>		P.B.T.D. <b>4379'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3490 GR, 3503 RKB</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4096'</b>		Tubing Depth <b>3848</b>			
Perforations <b>4096' to 4130' w/1 jet shot/ft.</b>					Depth Casing Shoe <b>4442</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8"</b>		<b>1236'</b>		<b>250 Incor 4% &amp; 130 Incor</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>4442'</b>		<b>200 Incor 4% &amp; 150 Incor</b>			
	<b>2-3/8"</b>		<b>3848'</b>					
<b>KVL-30 Guiberson Pkr. @ 3848'</b>								

**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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL** **AOF 13,750 MCF/Day - See Attached Form C-122**

Actual Prod. Test - MCF/D <b>4503.1</b>	Length of Test <b>2 Hrs.</b>	Bbls. Condensate/MMCF <b>--</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>1221</b>	Casing Pressure (Shut-in) <b>Pkr.</b>	Choke Size <b>44/64</b>

**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.

*Roy C. Gould*  
**ROY C. GOULD**  
(Signature)  
**DISTRICT ENGINEER**  
(Title)  
**April 27, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 28 1972**, 19\_\_\_\_

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT I**

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 completed wells.

JUL

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ATLANTA  
OIL CONSERVATION COMM.  
HOBBS, N. M.