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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-66

I.

Operator	<b>Sohio Petroleum Company</b>		
Address	<b>P. O. Box 3000, Midland, Texas</b>		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	<b>Request 500 barrel test allowable for Drinkard formation.</b>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership, give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State, Federal or Fee
<b>Grissell</b>	<b>1</b>	<b>Drinkard</b>	<b>Fee</b>	
Location	Unit	Feet From The	Feet From The	
	<b>G 1760</b>	<b>North 1760</b>	<b>East</b>	
Line of Section	Township	Range	County	
<b>5</b>	<b>22S</b>	<b>37E</b>	<b>Lea</b>	

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)					
<b>Shell Pipe Line Company</b>	<b>P. O. Box 1910, Midland, Texas 79702</b>					
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)					
<b>Getty Oil Company</b>	<b>P. O. Box 1231, Midland, Texas 79702</b>					
If well produces oil or fluids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas currently connected?	When
	<b>G</b>	<b>5</b>	<b>22S</b>	<b>37E</b>	<b>Yes</b>	<b>1961</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (A)	Oil Well	Gas Well	Workover	Deepen	Plug Back
Date Spudded	Date Compl. Ready to Prod.	P.B.T.D.			
Elevations (DF, RAB, RI, GR, etc.)	Name of Producing Formation	Tubing Depth			
Perforations	Depth Casing				
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 greater than allowable for this depth or be for full 24 hours)

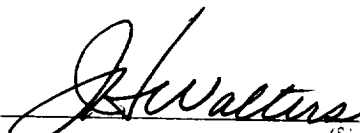
Date First New Oil Run To Tanks	Date of Test	Production During (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bb.s.	Water - Bb.s.	Gas - MCF

GAS WELL

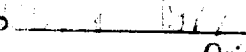
Actual Prod. Test - MCF/D	Length of Test	Oil - Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
**J.H. Walters**  
(Signature)  
**District Superintendent - Midland**  
(Title)  
**10/5/77**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED   
Orig. Signed by  
**John Norton**  
**Director**

This form is to be filed in compliance with RULE 111.  
When a request for allowable for a newly drilled well is made, this form must be accompanied by a tabulation of the production 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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