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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-105  
 Effective 1-1-65

SOHIO NATURAL RESOURCES COMPANY  
 Address  
 P. O. Box 3000 Midland, Texas 79702  
 Reason(s) for filing (check proper box)  
 New Well ☐ Change in Transporter of:  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
 Other (Please explain)  
 NAME CHANGE ONLY  
 If change of ownership give name and address of previous owner  
 Sohio Petroleum Company

I. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Mattern  
 Well No.: 5  
 Pool Name, including Formation: Arrowhead Grayburg  
 Kind of Lease: State, Federal or Fee  
 Fee  
 Lease No.:  
 Location  
 Unit Letter: 0  
 660 Feet From The South Line and 1980 Feet From The East  
 Line of Section: 7  
 Township: 22S  
 Range: 37E  
 NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil ☒ or Condensate ☐  
 Shell Pipeline Company  
 Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 1910 Midland, Texas  
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
 Getty Oil Company  
 Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 1650 Tulsa, OK  
 If well produces oil or liquids, give location of tanks.  
 Unit: 0  
 Sec.: 7  
 Twp.: 22  
 Rge.: 37  
 Is gas actually connected? Yes  
 When:

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

V. COMPLETION DATA  
 Designate Type of Completion - (X)  
 Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
 Date Spudded  
 Date Compl. Ready to Prod.  
 Total Depth  
 P.B.T.D.  
 Elevations (DF, RKB, RT, GR, etc.)  
 Name of Producing Formation  
 Top Oil/Gas Pay  
 Tubing Depth  
 Perforations  
 Depth Casing Shoe  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE  
 CASING & TUBING SIZE  
 DEPTH SET  
 SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE (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)  
 (I. WELL)  
 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

(II. GAS WELL)  
 Actual Prod. Test - MCF/D  
 Length of Test  
 Bbls. Condensate/MMCF  
 Gravity of Condensate  
 Testing Method (pilot, back pr.)  
 Tubing Pressure (Shut-in)  
 Casing Pressure (Shut-in)  
 Choke Size

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  
 June 18, 1979  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED JUN 20 1979  
 BY Jerry Sexton  
 Dist 1, Supv.  
 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.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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JUN 19 1979

OIL CONSERVATION COMM.  
ROBBS, N. M.