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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-11
Effective 1-1-65

I.

Operator SOHIO NATURAL RESOURCES COMPANY	
Address P. O. Box 3000 Midland, TX 79702	
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 ☐
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 Hinton	Well No. 3	Pool Name, Including Formation Blinberry	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Lease N 660 Feet From The North Line and 1980 Feet From The West				
Line or Section 12	Township 22S	Range 37E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 1510, Midland, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Norther Natural Gas Company	2223 Dodge Street, Omaha, NE
If well produces both liquids, give location of tanks	Is gas actually connected? When
Unit Sec. Twp. Rge. N 12 22S 37E	Yes April 1955

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 Reservoir	Off Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (NN, F.B., H.T., G.R., etc.)	Name of Producing Formation		Type of Gas Pay		Tubing 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 top allowable for this depth or be for full 24 hours)

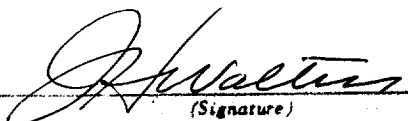
Date First New Oil Run To Tanks	Date of Test	Producing Methods (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-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

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
TITLE Dist 1, Supv

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.

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MAY 25 1979

**OIL CONSERVATION COMM.
HOODS, N. M.**