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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 PETROLEUM COMPANY

P.O. Box 3000 Midland, TX 79702

Reasons for Filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change in Ownership ☐

Other (Please explain) NAME CHANGE ONLY

If change of ownership give name and address of previous owner SOHIO NATURAL RESOURCES COMPANY

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hinton	7	Eunice, S. (San Andres)	State, Federal or Fee Fee	
Section	Line	Range	County	
12	2970	North 330	West	
12	22S	37E	Lea	

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)
The Permian Corporation	P.O. Box 3119, 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)
Getty Oil Co.	P.O. Box 1650, Tulsa, OK
If well produces oil and gas, give location of tanks	Is gas actually connected? When
L 12 22S 37E	Yes

If this production is commingled with that from any other lease or pool, give commingling order number: PC-485

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.B., K.A.B., R.F., etc.)	Name of Producing Formation	Top Oil/Gas Dry	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 req. allowable for this depth or be for full 24 hours)

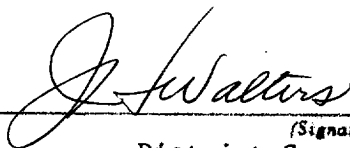
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.



District Superintendent

(Title)

(Date)

8/05/82

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1982

BY ORIGINAL SIGNED BY

JERRY SEXTON

DISTRICT 1 SUPR

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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JAN 16 1980

OIL CONSERVATION DIV.

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O.C.D.
HOBBS OFFICE