DISTRIBUTION		
SANTA FE		
FILE		
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, Texas 79702

Reason(s) for filing (check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate
Other (Please explain)
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rogers	2	Drinkard	State, Federal or Fee Fee	

Location
Unit Letter H 1650 Feet From The North Line and 990 Feet From The East
Line of Section 12 Township 22S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Texas New Mexico Pipeline Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [X] 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	12	22S	37E	Yes	February 1973

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	Deep-en	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	Top/Bot. Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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)

OIL 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

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.

J. H. Walters
(Signature)
District Superintendent
(Title)
May 22, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1979, 19

BY * Orig. Signed by
Jerry Sexton

TITLE Dist. I. 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.