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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-110
Effective 1-1-65

I.

Operator SOHIO PETROLEUM COMPANY		
Address P.O. Box 3167, Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/15/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry 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 Rogers	Well No. 2	Pool Name, Including Formation Drinkard-Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter H	1650	Feet From The North Line and 990	Feet From The East	
Line of Section 12	Township T22S	Range 37E	NMPM, Lea	County

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)	
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None designated yet		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12
	Twp. 22S	Rge. 37E
	Is gas actually connected? No	When As soon as possible

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X				X			X
Date Spudded 11/29/72	Date Compl. Ready to Prod. 12/15/72	Total Depth 7070	P.B.T.D. 7020					
Elevations (DF, RKB, RT, GR, etc.) 3343 GR, 3356 KB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6339	Tubing Depth 6254					
Perforations 6339, 6422, 6711, 6713, 6932, 6935, 6961, 6963, 6965, 6967			Depth Casing Shoe 7063					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4	9-5/8	1250		600 circ.				
8 3/4	7	5620		175				
6 1/4 below 5620	4-1/2	7063		(100sks. Lite & 175 sks				
	2-3/8	6254		50-50 pozmix, 8#salt/sk.)				

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 12/15/72	Date of Test 12/16/72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 13	Tubing Pressure 450	Casing Pressure Pkr.	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 154	Water - Bbls. 29 Acid water	Gas - MCF 340

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.

Burton Whiteley
(Signature)
District Superintendent
(Title)
December 20, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED **DEC 20 1972**, 19_____
BY [Signature]
TITLE **SUPERVISOR DISTRICT I**

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.