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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRODUCTION 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-1
Effective 1-1-65

Operator
SOHIO PETROLEUM COMPANY
Address
P.O. Box 3000 Midland, TX 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 NATURAL RESOURCES COMPANY

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Hinton
Well No.
10
Pool Name, including Formation
Blinbry
Kind of Lease
State, Federal or Fee Federal
Lease No.
004718
Location
Unit Letter
D
660 Feet From The North Line and 330 Feet From The West
Line of Section
13
Township
22S
Range
37E
NMPM
Lea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Texas New Mexico Pipeline
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510 Midland, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northern Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
2223 Dodge, Omaha, NE
If well produces oil or liquids, give location of tanks.
Unit
D
Sec.
13
Twp.
22S
Rge.
37E
Is gas actually connected?
Yes
When
May 1957

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, RAB, 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 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 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 (pilot, back pr.)
Tubing Pressure (shut-in)
Casing Pressure (shut-in)
Choke Size

I. 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
8/05/82

OIL CONSERVATION COMMISSION
APPROVED
ORIGINAL SIGNED
BY
JERRY SEXTON
DISTRICT 1 SUPR.
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 recompleted wells.

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O.S.O.
HOBBS OFFICE