

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator
SOHIO PETROLEUM COMPANY

Address
#10 DESTA DRIVE SUITE 600 WEST MIDLAND TEXAS 79705

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

WELL HAS BEEN SHUT-IN. TURNING ONTO PRODUCTION

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "B"	Well No. 1	Pool Name, including Formation PENROSE SKELLY-GRAYBURG	Kind of Lease State, Federal or Fee STATE	Lease No. B-934
Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 17 To Township 22S 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"/> SHELL PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) TWO SHELL PLAZA BOX 2648 HOUSTON, TX. (713) 241616					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO, INC.	Address (Give address to which approved copy of this form is to be sent) BOX 1065 A EUNICE, N.M. 88260 (505) 394-2585					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17	Twp. 22S	Rge. 37E	Is gas actually connected? yes	When unknown

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	Diff. Reservoir
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					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)

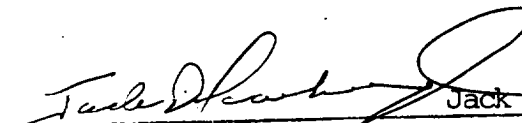
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)
Jack Scarbrough

District Production Supt.
(Title)
December 3, 1985

(Date)

OIL CONSERVATION DIVISION

DEC 5 - 1985

APPROVED _____, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1.
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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.