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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

Operator Sohio Petroleum Company	
Address P.O. Box 3167, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hinton	Well No. 11	Pool Name, Including Formation Drinkard (Drinkard)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F	2310	Feet From The North Line and 2310	Feet From The West	
Line of Section 12	Township 22-S	Range 37-E	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Gasoline Plant	600 Texas Avenue, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 22	Rge. 37	Is gas actually connected? Yes	When 11/11/72

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/7/72	Date Compl. Ready to Prod. 10/5/72	Total Depth 7370	P.B.T.D. 7165					
Elevations (DF, RKB, RT, GR, etc.) 3343 GR, 3356 KB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 7181	Tubing Depth 6746					
Perforations 6620, 6627, 6632, 6673, 6703, 6718, 6745, 6854	Depth Casing Shoe 7365							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8-5/8	1237	575					
7 7/8	5-1/2	7365	130 Lite wt.					
			500 Sks. 50-50					
			Pozmix					

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 10/7/72	Date of Test 11/11/72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 625	Casing Pressure Pkr	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 96	Water-Bbls. 0	Gas-MCF 1580

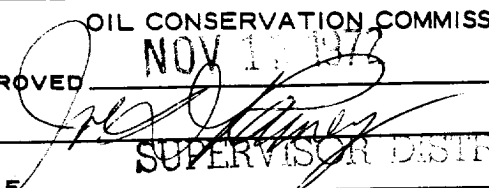
GAS WELL

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)
11/13/72
(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 15 1972**, 19_____
BY 
SUPERVISOR DISTRICT I
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 completed wells.

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10 1972

OIL CONSERVATION COMM.
HOBBBS N. M.