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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 3000 Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
Multiple Completion - Drinkard & Wantz Granite Wash

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hinton	Well No. 13	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter L ; 2310 Feet From The South Line and 990 Feet From The West Line of Section 12 Township 22 S Range 37 E , NMPM, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Gasoline Plant	Address (Give address to which approved copy of this form is to be sent) 600 Texas Avenue, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks. Unit K Sec. 12 Twp. 22 S Rge. 37 E	Is gas actually connected? Yes	When April 21, 1973		

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

IV. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/>	P.B.T.D. X	
Date Spudded 9-17-74	Date Compl. Ready to Prod. 10-5-74	Total Depth 7295	7250
Elevations (DF, RKB, RT, GR, etc.) 3341 GR	Name of Producing Formation Granite Wash	Top Oil/Gas Pay 7115	Tubing Depth 7100'
Perforations 7161', 7162', 7163', 7188.5', 7192', 7193, 7201, 7205, 7206, & 7207			Depth Casing Shoe 7286
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11	CASING & TUBING SIZE 8-5/8	DEPTH SET 1266	SACKS CEMENT 300 sks. lite cement, 4% gel & 130 Incor
7-7/8	5-1/2	7286	130 sks. lite cmt, 500 sk 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 10-5-74	Date of Test 10-5-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 1500#	Choke Size 3/4 Open
Actual Prod. During Test 15	Oil - Bbls. 15	Water - Bbls. 0	Gas - MCF Too Small To Measure

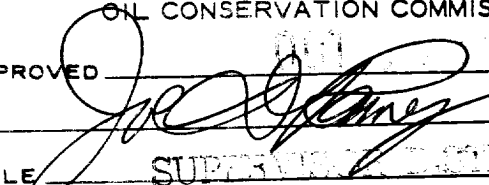
GAS WELL

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.


(Signature)
District Superintendent
(Title)
10-10-74
(Date)

OIL CONSERVATION COMMISSION
APPROVED  , 19
BY
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.