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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS  
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) Other (Please explain)

New Well ☐ Change in Transporter of: **Multiple Completion -**

Recompletion ☒ Oil ☐ Dry Gas ☐ **Drinkard & Wantz Granite Wash**

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Elliott B-12-2</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Wantz Granite Wash</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC064427</b>
Location				
Unit Letter <b>E</b>	<b>2310'</b>	Feet From The <b>North</b>	Line and <b>660'</b>	Feet From The <b>West</b>
Line of Section <b>12</b>	Township <b>22S</b>	Range <b>37E</b>	, NMPM, <b>Lea</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Gasoline Plant</b>	Address (Give address to which approved copy of this form is to be sent) <b>600 Texas Avenue, Eunice, New Mexico 88231</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>12</b>	Twp. <b>22S</b>	Rge. <b>37E</b>
	Is gas actually connected?		When <b>9/24/73</b>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resin	DATE PLUGGED
	<b>X</b>			<b>X</b>				<b>INTO GETTY OIL COMPANY.</b>
Date Spudded	Date Compl. Ready to Prod. <b>7-11-74</b>		Total Depth <b>7343'</b>		P.B.T.D. <b>7270'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3343' GR</b>	Name of Producing Formation <b>Granite Wash</b>		Top Oil/Gas Pay <b>7182'</b>		Tubing Depth <b>7050'</b>			
Perforations <b>7182-7260'</b>					Depth Casing Shoe <b>7343'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8", 23#</b>		<b>1281.86' RDB</b>		<b>430</b>			
<b>7-7/8"</b>	<b>5-1/2", 15.5# &amp; 17#</b>		<b>7343.00' RDB</b>		<b>675</b>			
	<b>2-1/16", 3.25#</b>		<b>7050.00' RDB</b>		<b>-</b>			

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 <b>July 11, 1974</b>	Date of Test <b>July 15, 1974</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>180 PSI</b>	Casing Pressure <b>0</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>144</b>	Oil-Bbls. <b>144</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>330</b>

GAS WELL

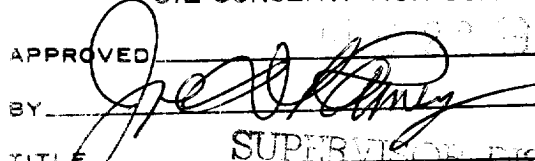
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
**J. H. Walters** (Signature)  
**District Superintendent** (Title)

**7-16-74** (Date)

OIL CONSERVATION COMMISSION  
APPROVED  1974, 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.

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