

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

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

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 <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 checked="" 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. 14	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J ; 2169 Feet From The South Line and 2169 Feet From The East Line of Section 12 Township 22S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001	
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 Oil Company	600 Texas Avenue, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12
	Twp. 22S	Rge. 37E
	Is gas actually connected? EFFECTIVE JANUARY 31, 1977,	
	SKELLY OIL COMPANY MERGED	

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

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 Oct. 3, 1974	Date Compl. Ready to Prod. 12-1-74		Total Depth 7494		P.B.T.D. 7442			
Elevations (DF, RKB, RT, GR, etc.) 3339 GR	Name of Producing Formation Granite Wash		Top Oil/Gas Pay 7202		Tubing Depth 7200			
Perforations 7233, 7237, 7242, 7259, 7270, 7290, 7295, 7366, 7382, 7392					Depth Casing Shoe -----			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		1242 KB		430			
7-7/8"	5-1/2 15.5# & 17#		7486 RDB		675			
Tubing	2-3/8" & 2-1/16"		7200		---			

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)

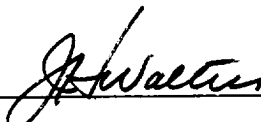
Date First New Oil Run To Tanks 12-1-74	Date of Test 12-5-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 50#	Casing Pressure 1495#	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 107	Water - Bbls. 0	Gas - MCF 110

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, Midland District
(Title)
March 26, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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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MAR 27 1975

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