

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S./N.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.K.

I. Operator
SUPERIOR OIL COMPANY.Address
P. O. BOX 4500, THE WOODLANDS, TEXAS 77380.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 JICARILLA 55	Well No. 1	Pool Name, including Formation CHACON-DAKOTA	Kind of Lease XXX Federal or XXX	Lease No. NM5019
Location Unit Letter <u>K</u> ; <u>1882.87'</u> Feet From The <u>West</u> Line and <u>1752.67'</u> Feet From The <u>South</u> Line of Section <u>35</u> Township <u>23N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) 2040 N. Loop W., Suite 101, Houston, Tx 77018			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 23N	Rge. 3W
Is gas actually connected?		When		
No				

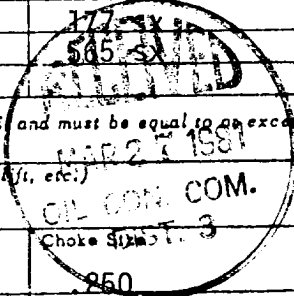
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 1-4-81	Date Compl. Ready to Prod. 2-17-81		Total Depth 7335'		P.B.T.D. 7295'			
Elevations (D) <u>3, RT, GR, etc.</u> G.L. 7230'	Name of Producing Formation Dakota Ss.		Top Oil/Gas Pay 6975'		Tubing Depth 6900'			
Perforations 6974-6988', 6990-7001', 7003-7006', 7008-7018', 7082-7090' 7095-7100', 7103-7105'					Depth Casing Shoe 7335'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS-CEMENT			
16"	13-5/8"		85'		Redimix			
12-1/4"	9-5/8"		306'		172' X 3 1/2" X 172' X 3 1/2"			
7-7/8"	5-1/2", 2-7/8"		7335', 6900'		505' X 3 1/2" X 505' X 3 1/2"			

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 an exact top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-12-81	Date of Test 2-17-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 330#	Casing Pressure packer	
Actual Prod. During Test 40 BOPD	Oil-Bbls. 40 bbls 50.8 Deg API	Water-Bbls. 4 bbls	
		Gas-MCF 530 MCFPD	

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.

T. Beaumier
Petrolium Engineer
3/18/81
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1981 19BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 3

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 multiple completed wells.