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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 C.C.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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MAY 29 11 26 AM '68

I. Operator
The Superior Oil Company

Address
P. O. Box 1900, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 **State "D" COM** Lease No. **OG-5095** Well No. **1** Pool Name, Including Formation **Cerca-Upper Pennsylvanian R-3452** Kind of Lease **Wildcat-Undesignated (U.Penn)** State **TEXAS** State

Location

Unit Letter **G** ; **1980** Feet From The **North** Line and **1980** Feet From The **East**

Line of Section **4** Township **14-S** Range **34-E** , NMPM, **LEA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Pan American Petroleum Corporation (Trucks) **P.O. Box 1725, Midland, Texas 79701**

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
No connection at present

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	4	14-S	34-E	No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded April 8, 1968	Date Compl. Ready to Prod. May 26, 1968	Total Depth 11,031	P.B.T.D. 10,943					
Elevations (DF, RKB, RT, GR, etc., GR 4137; RKB 4155	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 10,397	Tubing Depth 10,419					
Perforations 10,402-10,408	Depth Casing Shoe 11,031							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4" csg, 42#, H-40	400	400
11"	8-5/8" csg, 32#, J-55	4500	525
7-7/8"	5-1/2" csg, 17# & 20#, N-80	11,031	375
	2-3/8" tbg, 4.7#, N-80 & J-55	10,419 with Model "R" Pkr. at 10,315	

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 May 26, 1968	Date of Test May 27, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 180	Casing Pressure 0 - Packer	Choke Size 26/64"
Actual Prod. During Test 381	Oil - Bbls. 380	Water - Bbls. 1	Gas - MCF 398

GAS WELL

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

L. D. Selley
(Signature)
Petroleum Engineer
(Title)
May 27, 1968
(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.