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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
The Superior Oil Company
 Address
P. O. Box 1900, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Application to dual complete State "K" well is pending approval by NMCC. Request permission to sell 1234 BO from Lower Wolfcamp Zone. This oil prod. during completion tests, and packer leakage test during period from Oct. 26 to Nov. 8, 1968.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "K"	Lease No. K-864	Well No. 1	Pool Name, including Formation Undesignated - Lower Wolfcamp	Kind of Lease State, Federal or Fee State
Location Unit Letter J ; 2130 Feet From The South 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pan American Petroleum Corp. (trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1725, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, New Mexico 88264
If well produces oil or liquids, give location of tanks. Unit J Sec. 4 Twp. 14-S Rge. 34-E	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) X	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Sept. 13, 1968	Date Compl. Ready to Prod. October 26, 1968	Total Depth 10,550	P.B.T.D. 10,465					
Elevations (DF, RKB, RT, GR, etc.) GR-4138; DF-4152; KB-4154	Name of Producing Formation Lower Wolfcamp	Top Oil/Gas Pay 10,332 (-6178)	Tubing Depth 10,316					
Perforations 10,335-40 w/4 JSPT	Depth Casing Shoe 10,550							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8", 48', H-40	404'	450					
12-1/4"	9-5/8", 367', H-40 & J-95	4500'	665					
8-3/4"	7", 237', 8-95 plus 237' & 267' H-80	10,550'	330					
2-3/8", 4.64', H-80 tubing set in Model "K" dual pkr. at 10,316'								

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 October 26, 1968	Date of Test October 28, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24	Tubing Pressure 400	Casing Pressure Prod. below pkr.
Actual Prod. During Test 464	Oil - Bbls. 464	Water - Bbls. 0
		Choke Size 21/64"
		Gas - MCF 517

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. Clegg
 (Signature)
Production Engineer
 (Title)
November 13, 1968
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY **J. D. Clegg**
 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.