

NEW MEXICO
LAND AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

THE SUPERIOR OIL COMPANY

Address
P. O. Box 3901, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Other (Please explain)

Recompletion Oil Dry Gas *Request for allowable and authorization to transport gas from*

Change in Ownership Casinghead Gas Condensate *well to the casinghead gas from*

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Tresnor Federal Well No.: 1 Pool Name, Including Formation: Wildcat (Bone Spring) Kind of Lease: Federal Lease No.: NM-14157

Location: Unit Letter: K : 1980 Feet From The south Line and 1980 Feet From The west

Line of Section: 30 Township: 23S Range: 32E N.M.P.M. Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Clayco, Inc. Address (Give address to which approved copy of this form is to be sent): 200 Blanks Bldg., Midland, TX 79702

Name of Authorized Transporter of Casinghead Gas or Dry Gas : Vented Address (Give address to which approved copy of this form is to be sent):

Unit: K Sec: 30 Twp: 23S Rge: 32E is gas actually delivered? No When:

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

COMPLETION DATA

Designate type of Completion -- (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"/>	Some Other <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded	Date Casing Ready to Run		Total Depth		F.B.T.D.			
<u>7-30-81</u>	<u>8-14-82</u>		<u>15,588'</u>		<u>11,008'</u>			
Production (DIP, RMB, A.T., GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3593.4 GR</u>	<u>Bone Spring</u>		<u>8468'</u>		<u>7515'</u>			
Perforations					Depth Casing Shoe			
<u>14,788-98; 11,360; 11,000' (Squeezed) 11,087-11,337'</u>					<u>15,588'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	624	1150
17 1/2"	13 3/8"	4,637	3300
12 1/4"	9 5/8"	12,600'	720
8 1/2"	Liner 5 1/2"	12,242-15,588'	1128

TEST DATA AND REQUEST FOR ALLOWABLE (Text must be after recovery of total volume of load oil and must be equal to or exceed top 24 hrs for this depth or be for full 24 hours)

DATE FIRST NEW OIL RUN TO TANKS: 7-30-82 Date of Test: 8-19-82 Producing Method (Flow, pump, gas lift, etc.): Pump

Length of Test: 24 hrs Tubing Pressure: 40# Casing Pressure: Choke Size: -

Actual Prod. During Test: Oil - Bbls.: 56 Water - Bbls.: 10 Gas - MCF: 56

GAS TEST

Address: Length of Test: Bbls. Condensate/MCF: Gravity of Condensate:

Testing Method (pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

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.

G. E. Tate
Production Superintendent

OIL CONSERVATION DIVISION

APPROVED SEP 21 1982, 19 1982

BY _____

TITLE _____

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on new and re-completed wells.