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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
APR 20 8 42 AM '69

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

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:
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Government "B" Com	Well No. 1	Pool Name, including Formation Undesignated - Bough "C"	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter N	810	Feet From The South	Line and 1980	Feet From The West
Line of Section 5	Township 9-8	Range 35-E	, NMPM, Lea County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation (Trucks)			Address (Give address to which approved copy of this form is to be sent) 1509 West Wall, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation			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 N	Sec. 5	Twp. 9-8	Rge. 35-E	Is gas actually connected? No	When


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

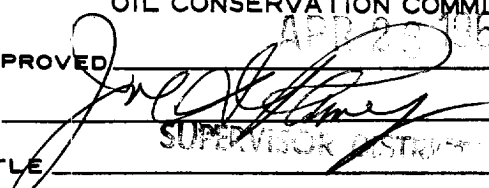
III. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded February 21, 1969		Date Compl. Ready to Prod. April 14, 1969		Total Depth 9900		P.B.T.D. 9834			
Elevations (DF, RKB, RT, GR, etc.) KB-4201, GL-4190		Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9781		Tubing Depth 9790			
Perforations 9792-9797						Depth Casing Shoe 9885			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"		11-3/4"		400		400			
11"		8-5/8"		4200		630			
7-7/8"		5-1/2"		9885		250			

IV. 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 April 14, 1969	Date of Test April 20, 1969	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 3600# hydraulic pump press	Casing Pressure Prod. below pkr	Choke Size ----
Actual Prod. During Test 1474	Oil - Bbls. 185	Water - Bbls. 1289	Gas - MCF 107

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

V. 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.	
	T. D. Clay
Production Engineer	
April 24, 1969	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
TITLE	SUPERVISOR
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.	