

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF SEVERAL DISTRICTS	
DISTRICT	
SANTA FE	
FILE	
USUAL	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
The Superior Oil Company

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) <u>Request for temporary commingle authority for Wells No. 1 &amp; 5.</u>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mescalero Ridge</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Scharb (Bone Spring)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>19S</u> Range <u>35E</u> , NMPM, <u>Lea</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"/> <u>Southern Union Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 980, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Frank Phillips Bldg. (5-4B), Bartlesville.</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>17</u> Twp. <u>19S</u> Rge. <u>35</u>	Is gas actually connected? <u>Yes</u> When <u>10-26-83</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Res'v.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, R.A.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 ex for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

G. E. Tate (Signature) G. E. Tate  
Division Operations Superintendent  
(Title)

May 1, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 1984  
ORIGINAL SIGNED BY JERRY SEXTON  
BY DISTRICT I SUPERVISOR

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 deviatite 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 conditions.  
Form C-104 must be filed for each pool in a 100