NEW MEXICO OIL CONSERVATION DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 6 1982

O. C. D.
ARTESIA, OFFICE

SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	✓
TRANSPORTER GAS	
OPERATOR	✓
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
THE SUPERIOR OIL COMPANY ✓

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

Reason(s) for filing (Check proper box)
- New Well
- Recompletion
- Change in Ownership

Change in Transporter of:
- Oil
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain)
Request 1000 bbls testing allowable for Bone Spring.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sotol Federal	1	~~Wildcat~~ Bone Spring	State, Federal or Fee Federal	NM-18042

Location
Unit Letter F ; 1980 Feet From The north Line and 1980 Feet From The west

Line of Section 12 Township 24S Range 31E , NMPM, ~~Lea~~ Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Southern Union Refining Co. (Trucks)

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 980, Hobbs, NM 88240

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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	12	24S	31E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, 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

TEST DATA AND REQUEST FOR ALLOWABLE (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	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 (pitot, 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
(Signature)

Production Superintendent
(Title)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1982, 19

BY Original Signed By
Leslie A. Clements
Supervisor District II

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 all allowable completed wells.