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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
The Superior Oil Company
Address
P.O. Box 3901, Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of oil gatherer from Southern Union Refining Company
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name		1	Scharb - Bone Spring	State, Federal or Fee Fee	
Location					
Unit Letter	K	1980	Feet From The South Line and 1980	Feet From The West	
Line of Section	17	T. township	19S	Range	35E
				NMPM	Lea
				County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Texas-New Mexico Pipeline	P.O. Box 2528, Hobbs, New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company	Frank Phillips Bldg., 5-4B, Bartlesville, OK 74004				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
	K	17	19S	35E	Yes 10-26-83

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
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 OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (flow, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION
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.		SEP 28 1984
		APPROVED
		BY ORIGINAL SIGNED BY JERRY ASTON
		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 deep well, this form must be accompanied by a tabulation of the dev. 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 well name or number, or transporter, or other such change of data.
Separate forms must be filed for each well to be authorized.

G. E. Tate
(Signature)
Division Operations Superintendent
(Title)
9-25-84
(Date)

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