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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
RECEIVED

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

JUN 10 1974

Operator The Superior Oil Company ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1900, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Chatten & Muncy	Lease No.	Well No. 1	Pool Name, including Formation Wildcat (Penn)	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 18 Township 6-S Range 28-E, NMPM, Chaves County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 6-S	Rge. 28-E	Is gas actually connected? Yes	When June 6, 1974

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 Res't.	Diff. Res't.
		X	X					
Date Spudded 10-14-73	Date Compl. Ready to Prod. 12-11-73	Total Depth 6910'	P.B.T.D. 6491'					
Elevations (DF, RKB, RT, GR, etc.) RKB: 3979, GL: 3964	Name of Producing Formation Upper Mississippian	Top Oil/Gas Pay 6448	Tubing Depth 6340					
Perforations Mississippian Zone 6436-6444 & 6448-6458 w/2 jets/ft. Total of 36 holes. I.D. 0.33"			Depth Casing Shoe 6910					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	13-3/8"		37'		5 cu yards concrete			
12-1/4"	8-5/8"		1460'		1200 sax circ to surf.			
7-7/8"	5-1/2"		6910'		325 sax - Top cmt @ 5040'			
2-7/8" 6.50# J-55 w/tail to 6381' & packer set @ 6340'								

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	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 1600	Length of Test 16 Hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure 1170	Casing Pressure 0/Pkr.	Choke Size 20/64"

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
(Signature)
Petroleum Engineer
(Title)
6-7-74
(Date)

OIL CONSERVATION COMMISSION

JUN 12 1974
APPROVED _____, 19____
BY W. A. Gressett
TITLE JUL 10 1974 INSPECTOR

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.