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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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DEC 11 1973

I.

Operator The Superior Oil Company		O.C.C. ARTERIA, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson Com	Well No. 1	Pool Name, Including Formation Undesignated West Atoka (Morrow)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I : 660 Feet From The East Line and 2080 Feet From The South				
Line of Section 2 Township 18-S Range 25-E , NMPM, Eddy County				

III. 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Unknown at Present		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8-30-73	Date Compl. Ready to Prod. 11-1-73	Total Depth 8650'		P.B.T.D. 8552'					
Elevations (DF, RKB, RT, GR, etc.) RKB: 3483, GL: 3468	Name of Producing Formation Morrow	Top Oil/Gas Pay 8376'		Tubing Depth 8201'					
Perforations Morrow Zone - 8380'-8398', 8402'-8407', & 8415'-8423' w/2 jets/ft. Total of 62 holes.		Depth Casing Shoe 8650'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
24"	20"		32'		2-1/2 cu yards concrete				
17-1/2"	13-3/8"		500'		500 sax				
12-1/4"	8-5/8"		1300'		1212 sax + 5 yds concrete				
7-7/8"	5-1/2"		8650'		565 sax				

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 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 Est. 4,000	Length of Test 4 Hours	Bbls. Condensate/MMCF None	Gravity of Condensate --
Testing Method (pitot, back pr.) Production Test	Tubing Pressure (Shut-in) 2765	Casing Pressure (Shut-in) 0 - Packer	Choke Size 3/4"

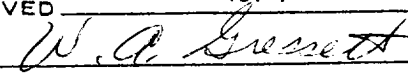
VI. CERTIFICATE OF COMPLIANCE

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
Petroleum Engineer
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 22 1974, 19
BY 
TITLE OIL AND GAS 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.