

STATE	
SANTA FE	
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
**RECEIVED**  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
 JUN 4 1976

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

**O. C. C.**  
**ARTESIA, OFFICE**

Operator  
**THE SUPERIOR OIL COMPANY**

Address  
**P. O. Box 1900, MIDLAND, TEXAS 79701**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Initial Gas Sales
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
STATE "Q" COM	K-3200	1	WILDCAT - MORROW	State, Federal or Fee STATE
Location				
Unit Letter				
L	2235	Feet From The	South	Line and 660 Feet From The West
Line of Section	Township	Range		County
34	21-S	26-E	NMPM,	Eddy

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	
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)
LLANO INC.	Box 1320, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	When
	5-21-76

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'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
2-28-73	6-6-73	11,476'		11,370'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
RKB: 3312', GR: 3293'	MORROW	11,078'		10,998'				
Perforations	11171'-11180', 11112'-11116', 11122'-11130'			Depth Casing Shoe				
MORROW ZONE	11228'-11234', 11239'-11244' & 11086'-11091'			11,476'				

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	425'	475 SX circ to surf
12-1/4"	9-5/8"	2,582'	1600 SX circ to surf
8-1/2"	7"	8,500'	260 SX top cmt @6450'
6-1/4"	5" liner	8,270' to 11,476'	495 SX

**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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2064	24 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	1140 PSI	0 - pkr.	18/64"

**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.

P. R. Blancett  
 P. R. BLANCETT (Signature)  
 Operations Engineer  
 (Title)  
 June 1, 1976  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUN 4 1976, 19\_\_\_\_  
 BY W. A. Gussett  
 TITLE SUPERVISOR, DISTRICT II

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 Form C-104 must be filed for each pool in multiply completed wells.