

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes O.C. 1-1-64 and C-110
Effective 1-1-65

LAND OFFICE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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"/>	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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "D" Com	Lease No. 2	Well No. Burton Flat (Morrow)	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter E	1980	Feet From The North	Line and 660
Line of Section 12	Township 21-S	Range 27-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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown at present						
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)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 12	Twp. 21-S	Rge. 27-E	Is gas actually connected? Yes	When March 14, 1975

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't.	Diff. Res't.
		X	X					
Date Spudded 8-10-74	Date Compl. Ready to Prod. 11-9-74	Total Depth 11,785	P.B.T.D. 11,516					
Elevations (DF, RKB, RT, GR, etc., RKB 3,242	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,429	Tubing Depth 11,295					
Perforations Morrow Zone 11,429'-11,439' w/2 jets/ft.		Total of 20 holes. I.D. of holes 0.49"		Depth Casing Shoe 11,785				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	596'	787 - Cmt to surf.					
12-1/4"	9-5/8"	3,010'	975 - Top cmt @ 175'					
8-3/4"	5-1/2"	11,785'	435 - Top cmt @ 9,500'					
2-7/8" 6.50# N-80 w/tail @ 11,302' & Packer set @ 11,295								

V. 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 1110	Length of Test 18-1/2	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Press	Tubing Pressure 425	Casing Pressure 0 - Packer	Choke Size 24/64"

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.

O. V. Sivage O. V. Sivage
(Signature)
Production Engineer
(Title)
March 14, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY W. L. S. S. S.
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 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 multiple completed wells.