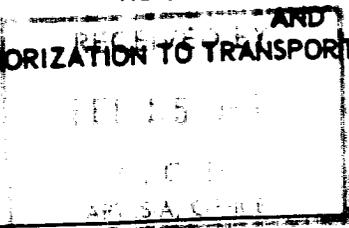


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DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	✓
LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. OPERATOR
The Superior Oil Company ✓
Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Form C-104 dated 12/26/84
Filed in error. Please cancel.

If change of ownership give name and address of previous owner: No change in ownership.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "D" com	Well No. 2	Pool Name, including Formation Burton Flat (Morrow)	Kind of Lease State Federal or Fee Federal	Lease No. NM-17095
Location Unit Letter <u>E</u> 1980 Line of Section <u>12</u> Township <u>21S</u> Range <u>27E</u> NMPM, Eddy County	Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation (Trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>12</u> Twp. <u>21S</u> Rge. <u>27E</u>	Is gas actually connected? When <u>Yes</u> <u>12-30-75</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.	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	Depth Casing Shoe
Perforations				

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ED-3</u>
			<u>3-8-85</u>
			<u>Chg. Op. Name</u>

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

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.

W.B. [Signature]
Mobil Producing TX & N.M. Inc. as Agent for
The Superior Oil Co.
(Title)
January 24, 1985
(Date)

OIL CONSERVATION COMMISSION
MAR 11 1985

APPROVED _____, 19____
BY Original Signed By
Leslie A. Clements
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 Forms C-104 must be filed for each pool in multiple