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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

KECEIVER

Form C-104 Revised 1-1-89 C See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

Laste Name Superior KJ Federal Com Well No. Pool Name, Including Formation Superior KJ Federal Com Unit Letter D 990 Feet From The North Line and 990 Feet From The West Section 7 Township 20S Resse 29E ,NMPM, Eddu Cour Min. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of Authorized Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining Co. Name of National Transpoter of Oils Navajo Refining National Transpoter of Oils Navajo Re	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		•		XICO 8/3		IZATION	- 6 1992			
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Recomplesion				,	Oth	er (Please exp	lain)				
Casege in Operator Casinghead Ga Condensate Change of Operator give name and address of previous operator Licasto Name Superior KJ Federal Com Well No. East Burton Flat Atoka Single Federal of Pop MM 01441 Location Unit Letter D 990 Feet From The North Line and 990 Feet From The West Socion 7 Township 20S Range 29E NMFM, Eddu Coord Name of Authorized Transporter of Coll Or Condensate EXX Address (Give address to which approved copy of this form is to be sent) Nava of Authorized Transporter of Coll Or Condensate EXX Pop Box 1159; Artesia, NM: 88210 Name of Authorized Transporter of Coll Or Condensate EXX Pop Box 1159; Artesia, NM: 88210 Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co. Unit produced to it liquids, Unit Sec. Twp. Reg. Is gas actually connected? When 7RE-CONNECTED Yes location of units. Unit Sec. Twp. Reg. Is gas actually connected? When 7RE-CONNECTED Well produced in corruningled with that from any other lease or pool, give commissing or number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Res' Diff R X Due Spadded RECOMPLETION Date Compl. Ready to Prod. 11360 11363 10764 10700 P.B.T.D. 11363 1178 13-3/38" 5721-in place 600 sx circ 7-7/8" 54" 13-3/38" 5721-in place 600 sx circ 7-7/8" 54" 13-3/38" 5721-in place 600 sx circ 7-7/8" 54" 13-3/38" 5721-in place 1575 sx circ 1074 Tubing Pressure Casing Method (Plow, pump, gas 1ff, etc.) 10-11-11-11-11-11-11-11-11-11-11-11-11-1	67 1		_ •								
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Transwestern Pipeline Co. If well produces oil or liquids, price totals of tanks. D 7 20 29 YES 10-22-92 If this produces oil or liquids, price tanks. D 7 20 29 YES 10-22-92 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' Diff R Date Spudded RECOMPLETION 8-22-92 11500' 11500' 11363' Elevations (DP, RRB, RT, GR, etc.) Name of Producing Formation Atoka 10764' 107700' Top Oil/Gas Pay Tubing Depth 11500' 11500' 11500' TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 17½" 13-3/8" 572' win place 600 sx circ 12½" 8-5/8" 3036' in place 600 sx circ 12½" 8-5/8" 10700' 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.) Casing Pressure Choke Size Logical Pressure (Shut-in) Casing Pressure (Shut-in)	I territo or transportant or on I I					PO Box-159; Artesia; NM 88210					
If well produces oil or liquids, pive location of tanks. Unit Sec. Twp. Rge. 15 gas actually connected? When ?RE-CONNECTED 10-2-92 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X)	Name of Authorized Transporter of Casinghead Gas or Dry Gas										
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back fressure	Back Pressure	J		Pkr	,		14/6	4''			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION	I hereby certify that the rules and regula	ations of the Oil Con	servation			OIL CO	NSERV	ATION [DIVISIO) NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved NOV 1 8 1992	Division have been complied with and that the information given above				Date ApprovedNOV 1 8 1992						
ORIGINAL SIGNED BY						ORIGINAL SIGNED BY					
Signature Juanita Goodlett - Production Supvr. SUPFRVISOR, DISTRICT II	Signature Juanita Goodlett - Production Supvr.				MIKE WILLIAMS						
Printed Name 10-5-92 (505) 748-1471 Title Title	Printed Name Title				II Title						
Date Telephone No.							<u> </u>				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.