

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

FEB 4 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

Mobil Producing TX. & N.M. Inc.

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 ☐

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-1-85
UNLESS AN EXCEPTION TO:

RULE 306 IS OBTAINED

If change of ownership give name and address of previous owner: The Superior Oil Company, P.O. Box 3901, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat	Well No. 2	Pool Name, Including Formation E. Avalon-Bone Spring	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>0</u> ; <u>3300</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation, <u>The</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating for Contract	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>1</u>	Twp. <u>21S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>No</u>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>11-29-84</u>	Date Compl. Ready to Prod. <u>1-23-85</u>		Total Depth <u>5745'</u>		P.B.T.D. <u>5700'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>3178' GR</u>	Name of Producing Formation <u>Bone Spring</u>		Top Oil/Gas Pay <u>5459' 5552'</u>		Tubing Depth <u>5578'</u>			
Perforations <u>5552-5574</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>630'</u>	<u>675 Class C & Lite</u>
<u>11"</u>	<u>8-5/8"</u>	<u>2539'</u>	<u>1700 Class C</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5708'</u>	<u>525 Class C Lite</u>
	<u>2 7/8</u>	<u>5578'</u>	<u>& 500 Class C Neat</u>

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 <u>1-19-85</u>	Date of Test <u>1-26-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>320</u>	Casing Pressure <u>0</u>	Choke Size <u>21/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>202</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>380</u>

GOK 1881

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

G.E. Tate G.E. Tate
Agent for The Superior Oil Company
Environmental & Regulatory Manager

(Title)

(Date)

OIL CONSERVATION DIVISION

FEB 28 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 multiply completed wells.