

NO. OF COPIES RECEIVED	
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-11  
Effective 1-1-85

RECEIVED  
OCT 28 1985  
O. C. D.  
ARTESIA, OFFICE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator The Superior Oil Company	
Address Nine Greenway Plaza Suite 2700 Houston, Texas 77046	
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

DESCRIPTION OF WELL AND LEASE

Lease Name Government "D"	Well No. 5	Pool Name, including Formation Avalon - BOne Spring, East	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17095
Location Unit Letter <u>R</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>21-S</u> Range <u>27-E</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"/> The Permian Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit NE/NW	Sec. 12
	Twp. 21S	Rge. 27E
	Is gas actually connected? YES	When 10-21-85

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-10-85	Date Compl. Ready to Prod. 10-16-85		Total Depth 5700		P.B.T.D. 5664			
Elevations (DF, RKB, RT, GR, etc.) KB-3202	Name of Producing Formation BOne Spring		Top Oil/Gas Pay 5538		Tubing Depth PKR 5200			
Perforations 5538-5558					Depth Casing Shoe ----			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-5/8	665	650X Post ID-2
12-1/4	8-5/8	2560	1500X 11-8-85
7-7/8	5-1/2	5700	1250X Camp & BK

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 10-16-85	Date of Test 10-21-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 60	Casing Pressure 0	Choke Size 30/64"
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 0	Gas - MCF 129

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate 45.8 @ 60°
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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Nancy Lewis*  
MOBIL PRODUCING TX. & N.M., INC.  
AS AGENT FOR THE SUPERIOR OIL COMPANY  
(Signature)  
(Title)  
10-24-PS  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 31 1985, 19  
Original Signed By  
BY Les 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