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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 4 1985

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Form C-104

Supersedes Old C-104 and C-11.

Effective 1-1-85

The Superior Oil Co.

9 Greenway Plaza - Suite 2700 - Houston, TX 77046

Reason(s) for filing (check proper box)

Low Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐ Other (Please explain) Request a one time testing allowable of 1500 bbls. for month of October, 1985 Bone Springs 5554-5572

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No. 7 Pool Name, including Formation Avalon-Bone Spring, East Kind of Lease State, Federal or Fee Federal Lease No. NM-17095

Location Government "D"

Unit Letter TR-23 660 Feet From The South Line and 1980 Feet From The East

Line of Section 1 Township 21S Range 27E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 NE/NW Sec. 12 Twp. 21S Rge. 27E Is gas actually connected? No When

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. 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

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 (plug, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VII. 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. COMPANY AS AGENT FOR THE SUPERIOR OIL COMPANY

(Title) 10-16-85 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 22 1985, 19

Original Signed By Les A. Clements

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 deviated 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 completions.