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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **The Superior Oil Company** ✓

Address **P. O. Box 1900, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Collett Estate Com	Well No. 1	Pool Name, including Formation Wildcat--Strawn	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J , 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 1 Township 23-S Range 26-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Unknown at present	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown at present	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 J	Sec. 1
	Twp. 23-S	Rge. 26-E
	Is gas actually connected? No	
	When	

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'v.	Diff. Res'v.
		X	X					
Date Spudded August 28, 1969	Date Compl. Ready to Prod. Nov. 27, 1969	Total Depth 11,950	P.B.T.D. 11,900					
Elevations (DF, RKB, RT, GR, etc.) KB-3243; BW-3243; GL-3225	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,376 (-7131)	Tubing Depth 10,350					
Perforations 10,453-57, 10,462-76, and 10,485-93 w/2 jets per foot			Depth Casing Shoe 11,950					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16", 639 & 750, STC, H-40	350'	500 sk					
13-3/4"	11-3/4, 600, Battress 650H, H80, 895	1950'	1225 sk					
10-5/8"	8-5/8", 364, H-60 & 8-95	9659'	1840 sk					
7-3/4"	4" 154, STC, H-80 liner	9481' to 11,950'	730 sk (sqg top w/250)					
1-3/8" 4-764, H-80 out at 10,350 in metal "TA" packer								

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

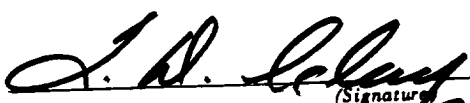
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 5,330	Length of Test 1.5 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Choke coefficient	Tubing Pressure (shut-in) 4250 psi	Casing Pressure (shut-in) 0 - packer	Choke Size 17/64"

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.


T. D. Clay
Production Engineer
December 5, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 27 1970

BY


OIL AND GAS INSPECTOR

TITLE

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.