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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 upersedes Old C-104 and C-110

ENERGIES VED AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS APR 1 3 1970 0. C. C. ARTESIA, OFFICE Operator The Superior Oil Company P. O. Box 1900, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Transporter of: 011 To add date of casinghead gas connection Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. ell No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Fee Wildcat - Strawn Collatt Estate Com. 1 Location 1980 Feet From The South Line and 1980 Feet From The County Range 26-E , NMPM, Eddy Township 23-S Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil The Permian Corporation (Trucks)
Name of Authorized Transporter of Casinghead Gas P. O. Box 3119, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Box 1502, Houston, Texas 77001 Transwestern Pipeline Company Rge. When 3-25 Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. 23-S April 8, 26-E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Gas Well Workover Deepen New Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) . TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Gas - MCF Oil-Bbls. Water - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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. APPROVED resset BY_ OIL AND GAS INSPECTOR TITLE _

0. V. Sivage

(Signature)

(Title)

(Date)

Production Engineer

April 10, 1970

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.