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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-11.
Effective 1-1-85

RECEIVED BY

FEB 25 1985

O. G. D.

ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Form C-104 dated 12/26/84
Filed in error. Please cancel.If change of ownership give name
and address of previous owner

No change in ownership.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Collatt Est. Com	Well No. 1	Pool Name, including Formation South Carlsbad (Atoka)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>J</u> : 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>East</u> Line of Section <u>1</u> Township <u>23S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2018, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>1</u>
	Twp. <u>23S</u>	Rge. <u>26E</u>
	Is gas actually connected? Yes	When 8-13-82

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.
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			
					<u>last ID-3</u>			
					<u>3-8-85</u>			
					<u>Chg. op. Name</u>			

V. 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	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Mobil Producing TX & N.M. Inc. as Agent for
The Superior Oil Co.

January 24, 1985

(Date)

OIL CONSERVATION COMMISSION

MAR 11 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