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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

RECEIVED

JUN 14 1973

Operator The Superior Oil Company		O. C. C.
Address P. O. Box 1900, Midland, Texas 79701		ARTESIA, OFFICE
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: Oil <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 Stephens "A" Com.	Well No. 1	Pool Name, Including Formation S. Carlsbad (Morrow)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N 1980 Feet From The West Line and 810 Feet From The South Line of Section 7 Township 23-S Range 27-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"/>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Llano, Inc.	P. O. Drawer 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit -	Sec. -
	Twp. -	Rge. -
	Is gas actually connected? No When Est. July 15, 1973	

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 2-21-73	Date Compl. Ready to Prod. 5-22-73	Total Depth 11,914	P.B.T.D. 11,855					
Elevations (DF, RKB, RT, GR, etc.) RKB: 3230, GR: 3212	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,664	Tubing Depth 11,352					
Perforations 11,664	Depth Casing Shoe 11,914							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	350	400 Sacks Circ to Surf.
12-1/4	9-5/8	5,500	1420 Sks-Top cmt @ 1360
8-1/2	5-1/2	11,914	500 Sks-Top cmt @ 10180
	2-7/8	11,352 in Baker Model "R" pkr w/tail @ 11,388'	

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 5,496	Length of Test 4	Bbls. Condensate/MMCF None	Gravity of Condensate --
Testing Method (pitot, back pr.) Production Test	Tubing Pressure (shut-in) 3875	Casing Pressure (shut-in) 0-Packer	Choke Size 1/4"

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
(Signature)
Petroleum Engineer
(Title)
June 7, 1973
(Date)

OIL CONSERVATION COMMISSION
JUL 30 1973
APPROVED _____, 19____
BY **W. R. Gressett**
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowance 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.