

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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

Operator The Superior Oil Company	
Address P. O. Box 1900, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain) Two purchasers of gas;
New Well <input type="checkbox"/>	*Llano, Inc., P. O. Drawer 1320
Recompletion <input type="checkbox"/>	Hobbs, New Mexico
Change in Ownership <input type="checkbox"/>	** El Paso Natural Gas Company
	El Paso Natl Gas Bldg., El Paso, Texas

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name Ryan Com		Lease No.	Well No. 1	Pool Name, including Formation S. Carlsbad (Morrow)	Kind of Lease State, Federal or Fee Fee
Location					
Unit Letter D	990	Feet From The West	Line and 660	Feet From The North	
Line of Section 5	Township 23-S	Range 27-E	NMPM,	Eddy	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation (Trucks)		P. O. Box 3119, Midland, Texas 79701				
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. & El Paso Natural Gas Company		Hobbs, New Mexico & El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 23-S	Rge. 27-E	Is gas actually connected? Yes	when Llano - 1-1-73 El Paso - 2-5-74

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
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 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 FEB 5 1974, 19	
BY O. V. Sivage		BY W. A. Shreve	
Production Engineer		TITLE OIL AND GAS INSPECTOR	
February 5, 1974		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 Form C-104 must be filed for each pool in multi-	