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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON
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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Ryan	Well No. 1	Formation Undesignated South Carlsbad (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No.
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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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.	P. O. Drawer 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5
	Twp. 23-S	Rge. 27-E
	Is gas actually connected? No Yes	
	When Estimated Jan. 1, 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 Restv.	Diff. Restv.
		X	X					
Date Spudded 9-1-72	Date Compl. Ready to Prod. 12-30-72	Total Depth 11,915	P.B.T.D. 11,825					
Elevations (DF, RKB, RT, GR, etc.) RKB: 3196'	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,420	Tubing Depth 10,386					
Perforations Strawn Zone 10,484-10,490 & 10,493-10,500	Depth Casing Shoe 11,915							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	51'	4 cubic yards concrete					
17-1/2"	13-3/8"	350'	400 sax - circ to surf					
12-1/4"	9-5/8"	5,493'	1975 sax - top cmt @900'					
8-1/2"	7"	11,915'	286 sax - top cmt @9600'					

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 3886	Length of Test 1 hr	Bbls. Condensate/MMCF 2.2	Gravity of Condensate 57.2
Testing Method (pilot, back pr.) Production Test	Tubing Pressure (Shut-in) 4661	Casing Pressure (Shut-in) Packer	Choke Size 14/64"

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
(Signature)
Petroleum Engineer
(Title)
January 22, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED 1 FEB 22 1973, 19
BY W. A. Green
TITLE OIL AND GAS INSPECTOR

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.