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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. C. D.
ARTESIA, OFFICE

1. Operator
The Superior Oil Company
Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead 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 Ryan Com Well No. 1 Pool Name, including Formation S. 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 23S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation (Trucks) Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
*Llano, Inc. **El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
*Hobbs, New Mexico & **El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit D Sec. 5 Twp. 23S Rge. 27E Is gas actually connected? Yes When * 1-1-73 ** 2-5-74

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
Past ID-3
3-8-85
Chg. Op. NAME

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.
W.B. Wood
Mobil Producing TX, & N.M. Inc. as Agent for The Superior Oil Co.
January 24, 1985

OIL CONSERVATION COMMISSION
APPROVED MAR 11 1985
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