

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
NOV 06 1983
O. C. D.
ARTESIA, OFFICE

Operator The Superior Oil Company ✓	
Address P. O. Box 3901, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Well SI after drilling completed from lack of pipeline.
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner.

I. DESCRIPTION OF WELL AND LEASE R-7437 2-6-84

Lease Name Mayer Federal Com.	Well No. 1	Pool Name, Including Formation MESA-AZKA GAS Wildcat (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14777
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>26</u> Township <u>24S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

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)
Southern Union Rfg. Co.	P. O. Box 980, Hobbs, NM
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)
El Paso Natural Gas Pipeline	P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 26 24S 29E	Yes 11-2-83

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

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 12-30-81	Date Compl. Ready to Prod. 7-14-82	Total Depth 14,028'	P.B.T.D. 13,380'					
Elevations (DF, RKB, RT, GR, etc.) 3094.6 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,716'	Tubing Depth 11,200'					
Perforations 12,716 - 12,726' (22 - .50" holes)			Depth Casing Shoe 11,200'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
---	16"	600'	1550
12-1/4"	10-3/4"	3,280'	6400
9-1/2"	7-5/8"	11,002'	975
6-1/8"	5" liner	13,320 - 13,471'	435

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 2999	Length of Test 7 hrs.	Bbls. Condensate/MMCF 5	Gravity of Condensate 55.0°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 6800	Casing Pressure (Shut-in) ---	Choke Size 11/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

G. E. Tate G. E. Tate
(Signature)
Division Operations Superintendent
(Title)
November 4, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 18 1983, 19
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

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.