

OIL CONSERVATION DIVISION

P. O. BOX 2088

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PERMIT	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Calvin F. and Alma F. Tonnison

P. O. Box 2232, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name

and address of previous owner Bill J. Graham Oil & Gas, P. O. Box 7037, Midland, Texas 79708

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
Superior State	1	Corral Com. Delaware	State, Federal or Fee State	B-10678

Location

Unit Letter H : 1980 Feet From The N Line and 660 Feet From The East

Line of Section 8 Township 25-S Range 30-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183, Houston, Texas 77251
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco	P. O. Box 2197, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	8	25S	30E	yes	-

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 Reservoir	Diff. Reservoir
	☒	☐	☐	☐	☐	☐	☐	☐
Date Spudded	Date Complet. Ready to Prod.	Water Depth	P.D.T.D.					
Devotions (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Restorations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or 8" for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
			Test 10-10
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 2-1/2" 40
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 (flow, back flow)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Brenda Coffman

Brenda Coffman, Agent

September 21, 1988

OIL CONSERVATION DIVISION

FEB 16 1989

APPROVED _____, 12

Original Signed By
Mike Williams

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 devotions 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 location, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.