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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

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Operator THE SUPERIOR OIL COMPANY		JUN 30 1980	
Address P. O. BOX 4500		THE WOODLANDS, TEXAS 77380	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	O. C. O.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	ARTESIA OFFICE	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Delta Federal	Lease No. NM 28172	Well No. 1	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter A	1980'	Feet From The North	Line and 1980'	Feet From The East
Line of Section 7	Township 25S	Range 26E	NMPM,	Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
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 Co.				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
		Is gas actually connected?		When
		No		12-8-80

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 Restv.	Diff. Restv.
			X	X					
Date Spudded 8/21/80	Date Compl. Ready to Prod. 5/27/80		Total Depth 11,968'		P.B.T.D. 11,786'				
Elevations (DF, RKB, RT, GR, etc.) 3449.4 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,208' / 11,333		Tubing Depth 11,100'				
Perforations 11,354 - 11,333' w/ 2 ispf						Depth Casing Shoe 11968			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	1,700'	1450 SXS
9-1/2"	7-5/8"	9,139'	900 SXS
6 1/2"	5" liner	8335 - 11968	250

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 1,440	Length of Test 3.5 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 3,330	Casing Pressure ---	Choke Size 8/64

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.

22 Bohrt
(Signature)
Lead Production Engineer
(Title)
6/23/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 16 1980, 19

BY W. A. Gammeth
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.