NOT	NEW MEXICO ON CONS	ERVATION COMMINION	Peres C-104
ANTAFE	REQUEST FOR	RALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-85
TILE U	1A	ND	
U.S.G.S.	AUTHORIZATION TO TRANSF	PORT OU AND NATURAL GAS	
LAND OFFICE		P.	<i>.</i> *
TRANSPORTER			3
GAS		AUG 1 0 1983	
PRORATION OFFICE			
Operator		O. C. D.	
The Superior Oil Compa	ny V	ARTESIA, OFFICE	Wit:
Address			:)
P.O. Box 3901, Midland Reason(s) for filing (Check proper box)	, Texas 79702	Other (Please explain)	
New Well	Change in Transporter of:	Plug Back from (Ato	ka) Field
Recompletion X	Oll Dry Gas		,
Change in Ownership	Casinghead Gas Condensate		
f change of ownership give name			
ind address of previous owner			
DESCRIPTION OF WELL AND LI	EASE	citon Kind of Lease	Lease No.
Lease Name		State Federal O	Fee Federal NM-18042
Sotol Federal	1 Wildcat (Bone S	pring)	
Location T 100	30_Feet From The North_Line a	nd 1980 Feet From The	•West
Unit Letter ; 190	DU_Feet From The Eine u		
12 Town	ship 24S Frange 31	E , NMPM, Eddy	County
Line of section	· -		
DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GAS	adress (Give address to which approve	d copy of this form is to be sent)
Nome of Authorized Transporter of On [D. D. D. OOO Ushba NM	882/0
Southern Union Refini	ng Co. (Irucks)	P.U. BOX 980, HOUDS, IN Acatess (Give address to which approve	d copy of this form is to be sent)
None - Gas TSTM	Unit Sec. Twp. Fige. 1	s gas actually connected? When	
If well produces oil or liquids, give location of tanks.	F 12 24S 31E	No - TSTM	
If this production is commingled with	that from any other lease or pool, gi	ve commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res't.
Designate Type of Completion	$h = (X) \qquad \chi$	★!	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	11.290'
9-29-80	9-18-82	15,620' Top Cil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Ploducing . of Metter	10,951'	11,182'
3526 ' GR 3531 5	Bone Spring	10,991	Depth Casing Shoe
Ferforations			15,618'
10,951 - 11,098'	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	1,450
26"	20"	660' 4,530'	3,200
17 ¹ / ₂ "	13 3/8"	12,602'	865
124"	<u>9 5/8"</u> 7 5/8" <u>& 5</u> "	12 323-14,748 & 14,509-1	5,618 900 & 155
$8\frac{1}{2}$ & $6\frac{1}{2}$	1 5/0 4 0	ter recovery of total volume of load oil i	and must be equal to or exceed top allow-
. TEST DATA AND REQUEST F	able for this dep	oth or be for full 24 hours) Producing Method (Flow, pump, gas lij	
OIL WELL Date First New Oil Fun To Tanks	Date of Test		+ + +
9-18-82	7-14-83	Pumping Casing Pressure	Choke Size (19-13
Length of Test	Tubing Freesure	15	
24 hrs	150	Water-Bbls.	Gas-MCF Control ST
Actual Prod. During Test	3	2	0
GAS WELL		Bbla. Condensate/MMCF	Gravity of Condensate
Actual Frod. Test-MCF/D	Length of Test	BEIS, CUINELEUR, MARCI	
	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Blac 2-)		
	SCE	11	ATION COMMISSION
I. CERTIFICATE OF COMPLIAN		AUG 2 G	5 198 <u>3 /</u> , 19
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.		APPROVED	
		BY	
		OIL AND BAS INSPECTOR	
		TITLE	compliance with RULE 1104.
		11	
G. E. Tate If this is a request for allowable for a newly diffied to devise well, this form must be accompanied by a tabulation of the devise well, this form must be accompanied by a tabulation of the devise			
(Signature) tests taken on the well in according to all			
Division Operations	Superintendent		
•	· ·····	Fill out only Sections I.	II. III, and VI for changes of owner orter, or other such change of conditio
8-8-83	(l/=:e)		ist be filed for each pool in multip
		je completed wells.	