

36. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-1
Effective 1-1-85

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall	Well No. 1-E	Pool Name, Including Formation Dakota Fm; Basin Dakota Field	Kind of Lease State, Federal or Fee Federal	Lease No. SF-07835
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>N</u> Line and <u>900</u> Feet From The <u>E</u> Line of Section <u>14</u> Township <u>27N</u> Range <u>9W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City, Utah 84110	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City, Utah 84110	
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>9W</u>	Is gas actually connected? No	When

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'n	Diff. Res'n
		X	X					
Date Spudded 9-3-84	Date Compl. Ready to Prod. 10-3-84	Total Depth 6764	P.B.T.D. 6683					
Elevations (DF, RKB, RT, CR, etc.) 6061 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6461	Tubing Depth 6764					
Perforations 4 1/2" 6 1/2"			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
MOLZ SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8-5/8	304	225 xs					
7-7/8	5 1/2	6764	748xs; 750 Poz & 50					
NA	2-3/8	6464	NA					

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 652	Length of Test 3 hrs	Bbls. Condensate/MCF 46	Gravity of Condensate Not measured
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in) 1300	Casing Pressure (Shut-in) 1700	Choke Size 10/32"

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.

Nancy Lewis

Mobil Producing TX NM Inc as Agent for
The Superior Oil Company

March 20, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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