E5. 30 C00136 BEE	21460	1			
DISTRIBUTION					
SARTA FE					
FILE					
U.3.G.S.					
LAND OFFICE					
TRANSPORTER	DIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					
The Superior Oil Compan					
A46.723					
Nine Greenway Plaza Su					

DISTRIBUTION BANTA FE FILE U.3.G.B. LAND OFFICE TRANSPORTER GAS OPERATOR	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Parm C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
Operation OFFICE The Superior Oil Cor	I I I I I I I I I I I I I I I I I I I		
Add: 983	Suite 2700, Houston, Tex	Other (Please explain)	COEIVED
Recompletion Charge in Ownership	Oti Dry (Contagheed Gos Cont	Gen Oji	25 1985
If change of ownership give no and address of previous owner			DIST. 2 DIV.
. DESCRIPTION OF WELL A			
Bunny Et Al	070	in Dakota Field Stote, Feder	Indian I-149-IN
Line of Section 11	7/U Feet From The 5 L		
	ORTER OF OIL AND NATURAL G	ias	
Name of Authorized Transporter of Unkown		Address (Give address to which appro	·
Northwest Pipeline	of Casinghead Gas or Dry Gas	P.O. Box 1526, Salt Lake City, UT 84110	
If well produces all or liquids, give location of tanks.	Unit Sec. Twp. P.ge. M 11 27N 9W		en
If this production is commingle COMPLETION DATA	d with that from any other lease or pool	l, give commingling order number:	•
Designate Type of Comp	letion - (X) Oil Well X	New Well Workover Deepen	Plug Back Same Resty, Dill. Rest
Date Spuilded 10-11-84	Date Compl. Ready to Prod. 11-5-84	Total Depth 6795	P.B.T.D. 6754
Elevations (DF, RKB, RT, GR, e. 6018 GR		Top Oil/Gas Pay Tubing Depth	
Perforations 6457-659 QA w		Depth Casing Shoe	
	TUBING, CASING, AI	ND CEMENTING RECORD	6795
HOLE SIZE	8-5/8	DEPTH SET	SACKS CEMENT 225 XS
7-7/8	5½	6795	1140 xs
NA	2-3/8	6455	NA
. TEST DATA AND REQUES OIL WELL	able for this	after recovery of total volume of load all depth or be for full 24 hours)	and must be equal to or exceed cop allo
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Pred. During Test	Oil - Bhis.	Water - Bbis.	Ges - MCF
GAS WELL			
Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensette/MMCF	Gravity of Condensate
4240 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shet-in)	1,1 Cosing Pressure (Shut-in)	not measured
Knok Pacsecce	1700	1700	3/8"
CERTIFICATE OF COMPLIA	INCE	II	FION COMMISSION
I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED MAR 25 1985	
Commission have been complie above is true and complete to	d with and that the information given the best of my knowledge and belief.	Original Signed by	y Frank T. Chavez
		TITLE SUPERVISOR D	
Man	u duis _	This form is to be filed in co	beneaush to beilth visual a set aid.
Mobil Producing T	a NM Inc as Agent for	well, this form must be accompan- tests taken on the well in accord	led by a tabulation of the deviation ance with RULE 111.
•	(Tule)	All sections of this form must able on new and recompleted wel	t be filled out completely for allow- is.
	20, 1984 (Page)	Fill out only Sections L. II. well name or number, or transports	III, and VI for changes of swner, it or other such change of condition.
-	(Separate Forms C-104 must	be filed for each pool in multiply