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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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

MAR 25 1985  
OIL CON. DIV.  
DIST. 3

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Charles, Et Al	<b>Well No.</b> 2-E	<b>Pool Name, Including Formation</b> Dakota Fm; Basin Dakota Field	<b>Kind of Lease</b> State, Federal or Fee Indian	<b>Lease No.</b> 1-149-II
<b>Location</b>				8465
Unit Letter <u>A</u>	: <u>800</u>	Feet From The <u>North</u>	Line and <u>1100</u>	Feet From The <u>East</u>
Line of Section <u>12</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"/>	Address (Give address to which approved copy of this form is to be sent)
Unknown	
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)
Northwest Pipeline Corporation	P.O. Box 1526, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 12 27N 9W No

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-16-84	Date Compl. Ready to Prod. 10-20-84	Total Depth 6680		P.B.T.D. 6628				
Elevations (DF, RKB, RT, CR, etc.) 5914 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6422		Tubing Depth 6470				
Perforations 6422-6557 OA w/1 JSPF						Depth Casing Shoe 6680		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>	<b>DEPTH SET</b>		<b>SACKS CEMENT</b>				
12 1/2	8-5/8	325		225 sx				
7-7/8	5 1/2	6680		1770 sx				
NA	2-3/8	6470		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 3600	Length of Test 3 hrs	Bbls. Condensate/MCF 1.1	Gravity of Condensate not measured
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In) 1650	Casing Pressure (Shot-In) 1850	Choke Size 3/8"

**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.

*Mandi Lewis*

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

March 20, 1984  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 25 1985, 19

Original Signed by FRANK T. CHAVEZ

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