

NO. 6 COPIES REQUIRED	
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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 1-1-83

Operator
The Superior Oil Company

Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Plugged/Sealed	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ramanta Et Al	Well No. 1E	Pool Name, Including Formation Dakota Fm., Basin Dakota Field	Kind of Lease State, Federal or Free Indian	Lease No. 1-149-INI 8466
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>N</u> Line and <u>1080</u> Feet From The <u>E</u>				
Line of Section <u>13</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 Corp.	P.O. Box 1526, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>13</u> Twp. <u>27N</u> Rge. <u>9W</u> Is gas actually connected? <u>No</u> 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v <input type="checkbox"/>
Date Spudded 11-12-84	Date Compl. Ready to Prod. 12-19-84	Total Depth 6710	P.B.T.D. 6666					
Elevations (DF, RKB, RT, CR, etc.) 5990KB, 5980 GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6458	Tubing Depth 6457					
Perforations 6458-6596 OA w/1 JSPF			Depth Casing Shoe 6710					
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/2	8-5/8	318		250sx				
7-7/8	5 1/2	6710		1586 sx				
NA	2-3/8	6457		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 4,544	Length of Test 3 Hrs.	Bbls. Condensate/MCF 0.9	Gravity of Condensate Not Measured
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in) 1900	Casing Pressure (Shut-in) 1900	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.

Nancy Lewis

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

March 20, 1984
(Date)

OIL CONSERVATION COMMISSION
4-25 85
APR 25 1985
APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT # 3

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