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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-110
Effective 1-1-65

I.

Operator The Superior Oil Company	
Address P. O. Box 1900, Midland, Texas 79701	
Reasor(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "D"	Well No. 1	Pool Name, including Formation Cerca (Lower Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. OG-5095
Location Unit Letter G, 1980 Feet From The North Line and 1980 Feet From The East				
Line of Section 4 Township 14-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 6110-A, Chicago, Illinois 60680			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88264			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 14-S	Rge. 34-E
Is gas actually connected?		When		
Yes		November 1, 1968		

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 4-8-1968	Date Compl. Ready to Prod. 5-26-1968	Total Depth 11,031'		P.B.T.D. 10,364'				
Elevations (DE, RKB, RT, GR, etc.) RKB: 4155', GR: 4137'	Name of Producing Formation Lower Wolfcamp	Top Oil/Gas Pay 10,309'		Tubing Depth 10,340'				
Perforations 10,311'-10,318' Lower Wolfcamp Zone w/28 holes - 0.56" diameter				Depth Casing Shoe 11,031'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		400'		400			
11"	8-5/8"		4,500'		525			
7-7/8"	5-1/2"		11,031'		375			
	2-3/8"		10,340'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

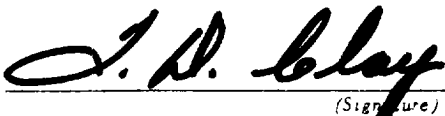
Date First New Oil Run To Tanks 2-18-73	Date of Test 2-21-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 70	Casing Pressure 125	Choke Size 16/64"
Actual Prod. During Test 60	Oil - Bbls. 60	Water - Bbls. 0	Gas - MCF 131

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.



T. D. Clay

Petroleum Engineer

(Title)

2-26-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 completed wells.