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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

DISTRIBUTION			
		CONSERVATION COMMISSIC	Form C-104
SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
FILE		AND	Filective 1-1-92
	AUTOSTATION TO TR	ANSPORT OIL AND NATURAL O	: A S
U.S.G.S.	AUTHORIZATION TO TRA	MOPORT OIL AND MATORAL O	
LAND OFFICE			
OIL			
TRANSPORTER GAS			
OPERATOR	1		
PRORATION OFFICE			
Operator	_		
The Superior Oil	Company		
Address			
P 0 Boy 1900. 1	Midland, Texas 79701		
F. U. BOZ 2500)		Other (Please explain)	
Reason(s) for filing (Check proper box)		() () () () () () () () () ()	
New Well	Change in Transporter of:	<u></u>	
Recompletion	Oil Dry Go	as 🔲	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name and address of previous owner	I FASE		
DESCRIPTION OF WELL AND	Well No.! Pool Name, including r	Formation Kind of Leas - Lower Wolfcas Ptate, Federa	
State "L"	1 Undesignated	- LOWEL WOLLCOMPICIE, Four.	3333
Location			
ź . 510	Feet From The South L.	Ine and Feet From	The East
Unit Letter P ; 510	Feet From The Li	ne did	
	12-0	34-E . NMPM.	Lea Coun
Line of Section 33 Tov	wnship 13-8 Range	, NMPM,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS	
Name of Authorized Transporter of Oil	or Condensate	Madress (Othe dedicas to mitter aff.	oved copy of this form is to be sent)
Service Pipe Line C	Senseny	3411 Knoxville Avenue,	Lubbock, Texas 79413
Setates trie mim o	Dry Cas	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Car	singhead Gas Son or Dry Gas	P. O. Box 67, Monument	New Merico 88264
Warren Petreleum Co	rporation		
	Unit Sec. Twp. Rge.		nen
If well produces oil or liquids,	P 33 13-8 34-E	I Yes	December 10, 1968
give location of tanks.			
If this production is commingled wi	ith that from any other lease or pool	, give commingling order number:	
COMPLETION DATA			- 1
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Re
Designate Type of Completic	on $-(X)$	1	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compt. Ready to 1 tour	•	
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	I ubing Deptin
		i	
			Depth Casing Shoe
Perforations			
Perforations			
Perforations	TUBING, CASING, A	ND CEMENTING RECORD	
		ND CEMENTING RECORD	SACKS CEMENT
Perforations HOLE SIZE	TUBING, CASING, AI CASING & TUBING SIZE		SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET	
HOLE SIZE TEST DATA AND REQUEST FOIL WELL	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	DEPTH SET after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top
HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET	il and must be equal to or exceed top
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TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	DEPTH SET after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top o
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure(shut-in)	DEPTH SET safter recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	il and must be equal to or exceed top a lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
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V. VI XIL	tage
0. V. Ac.	(Signature)
O W Sivere.	Production Engineer

(Title)

February 17, 1969

(Date)

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.