ſ	NO.	DF COPIES RECEIVED				
		STRIBUTIO				
	SAN	AFE				
	FILE					
	u.s.	i.s.				
	LAN	OFFICE				
	TRA	NSPORTER	OIL			
			G AS			
	OPE	RATOR				
i.	PRO	RATION OF				
	Opero	10!				

.. EW MEXICO OIL CONSERVATION COMMISSIC. REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	FILE		AND	
Γ	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
ľ	LAND OFFICE		Man die die	
t	OIL	1	### 12 - 44 / 2 - 44 / M	
	TRANSPORTER GAS	1		
+	OPERATOR	1		
H		4		
1.	PRORATION OFFICE			
İ	Operator			
L	The Superior Oil C	ombana		
[Address			
- 1	P. O. Box 1900, Mi	dland, Texas 79701		
Ì	Reasen(s) for filing (Check proper box		Other (Please explain)	
	New Vell	Change in Transporter of:	To correct well	name from State "L" COM
	Recorpletion	Oil Dry G	as #1 to State "L"	#1
			ensate	
l	Chance in Ownership	Casinghead Gas Conde	enade L.J	
	If the consense of company the misse marine			
	If change of ownership give name and address of previous owner			
	and analess of provides switter			
11	DESCRIPTION OF WELL AND	LEASE		
1	Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	se Lease No.
	State "L"	1 Underignated	- Lower Welfcam State, Feder	ral or Fee State OG-5217
	Location		446	* *
	Urit Letter P; 510	Feet From The South L	ine and 660 Feet From	The East
	Line of Section 33	wnship 13-8 Range	34-E , NMPM,	Lea County
,				**************************************
148	DESIGNATION OF TRANSPOR	TED OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	Pa: American Petroleum		P. G. Box 3119, Midle	
j			· · · · · · · · · · · · · · · · · · ·	oved copy of this form is to be sent)
	Name of Authorized Transporter of Ca	singhead Gas 🔳 or Dry Gas 🗀	,	
	Warren Petroleum Corpo	ration	P. O. Bex 67, Menume	
	If we I produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
	give ocation of tanks.	P 33 13-8 34-E	Yes	December 10, 1968
į				
	If this production is commingled wi	th that from any other lease or pool	, give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic		How well wellayer	
	Distillate Type of Complete			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	, , , , , , , , , , , , , , , , , , , ,			
	Perfc rations		<u> </u>	Depth Casing Shoe
	Percrations			
		TUBING, CASING, AN	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		 		4
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allow
v.	TEST DATA AND REQUEST FOIL WELL	able for this	depth or be for full 24 hours)	
v.		OR ALLOWABLE (Test must be able for this a	after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas	
V.	OIL WELL	able for this	depth or be for full 24 hours)	
V.	OII, WELL Date First New Oil Run To Tanks	able for this	depth or be for full 24 hours)	
v.	OIL WELL	able for this a	depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
V.	OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
V.	OII, WELL Date First New Oil Run To Tanks	able for this a	depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
v.	OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
V.	OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
v.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
v.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this ab	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure Water-Bbls.	Choke Size Gas-MCF
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Tubing Pressure Oil-Bbls. Length of Test	Producing Method (Flow, pump, gas Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gas-MCF Gravity of Condensate
v.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this ab	Producing Method (Flow, pump, gas Casing Pressure Water-Bbls.	Choke Size Gas-MCF
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Tubing Pressure Oil-Bbls. Length of Test	Producing Method (Flow, pump, gas Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gas-MCF Gravity of Condensate

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.

(Signature)

O. V. Sivage, Production Engineer

(Title)

(Date)

December 23, 1968

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.