

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.		REVISED			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
The Superior Oil Company					
Address					
P. O. Box 71, Conroe, Texas 77301					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>				Change in lease name from State "M"	
Recompletion <input checked="" type="checkbox"/>				Com. to State "M"	
Change in Ownership <input type="checkbox"/>					
Change in Transporter of:					
Oil <input type="checkbox"/>				Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>				Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Lease No.		Well No.	
State "M"		OG-5699		1	
Pool Name, including Formation		Kind of Lease		State	
Wolfcamp		State, Federal or Fee			
Location					
Unit Letter		1980		Feet From The North Line and 1980 Feet From The West	
F					
Line of Section		Township		Range	
4		14S		34E	
				, NMPM, Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>		or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Amoco Pipeline Co.				3411 Knoxville Ave., Lubbock, Texas 79413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.				P. O. Box 67, Monument, New Mexico 88264	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
G		4		14S	
				34E	
				Is gas actually connected?	
				Yes	
				When	
				12-16-78	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
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		Length of Test		Bbls. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure	
				Choke Size	
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.					
J. V. LeBlanc					
(Signature)					
Regulatory Engineering Specialist					
(Title)					
February 13, 1979					
(Date)					
HobbsDist.(0+4), WNM, Reg.Grp.,C.File,GET,LCB					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19 _____					
BY _____					
Original Signed By					
Jerry S. Smith					
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.					