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| | GAS |
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| 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

| | |
|--|---|
| 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 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"/> |

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

| | | | | | |
|-------------------------------|----------------------|------------------------|--|--|--------|
| DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name State "M" | Lease No. 0G-5699 | Well No. 1 | Pool Name, including Formation Wolfcamp | Kind of Lease State, Federal or Fee | State |
| Location | | | | | |
| Unit Letter F | 1980 | Feet From The North | Line and 1980 | Feet From The West | |
| Line of Section 4 | Township 14-S | Range 34-E | 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 G | Sec. 4 | Twp. 14S | Rge. 34E | Is gas actually connected? When Yes 12-16-68 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back <input checked="" type="checkbox"/> | Same Res'tv. | Diff. Res'tv. |
| Date Spudded Started 1-9-79 | Date Compl. Ready to Prod. 1-18-79 | Total Depth 10,550' | P.B.T.D. 10,342' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4160' KB | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 10,284' | Tubing Depth 10,276' | | | | | |
| Perforations 10,284'-10,306' O/A | | | | | | Depth Casing Shoe 10,550' | | |

| | | | |
|---|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2 | 13-3/8" 48# H-40 | 430 | 450 |
| 12-1/4 | 9-5/8" 36# J-55 | 4500 | 665 |
| 8-3/4 | 5-1/2" 17# K-55&N-80 | 10550 | 500 |
| 2-3/8" tbq. tail to 10,276' w/Baker "R" pkr. at 10,269' | | | |

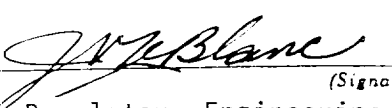
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|--|---------------------------------------|---|----------------------------------|
| Date First New Oil Run To Tanks 1-18-79 | Date of Test 2-1-79 | Producing Method (Flow, pump, gas lift, etc.) Kobe Pump - Free Style | |
| Length of Test 24 hrs. | Tubing Pressure 2000# (pump press) | Casing Pressure Sealed | Choke Size Open |
| Actual Prod. During Test | Oil-Bbls. 5 | Water-Bbls. 104 | Gas-MCF Too little to measure |

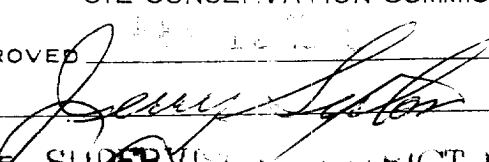
| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure | Casing Pressure | Choke 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 6, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE SUPERVISOR DISTRICT 1

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.