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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Request temporary 90 day commingling authorization to commingle this well in common storage after separate measurement with oil produced from Superior State "D" No. 1 and State "T" No. 1 which are offsetting leases having same ownership and are State leases with a common beneficiary.

Operator The Superior Oil Company	
Address P. O. Box 1900, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 "M" COM	Lease No. OG-5699	Well No. 1	Pool Name, including Formation Undesignated - Upper Penn	Kind of Lease State, Undesignated 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	

III. 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)					
Pan American Petroleum Corp. (trucks)	P. O. Box 1725, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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. 14-S	Rge. 34-E	Is gas actually connected? No	Water

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen.	Plug Back	Same Restv.	Diff. Restv.
Date Spudded October 27, 1968	Date Compl. Ready to Prod. December 4, 1968		Total Depth 10,550		P.B.T.D. 10,477			
Elevations (DF, RKB, RT, GR, etc.) DF-4158; GL-4144	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 10,376 (-6216)		Tubing Depth 10,401			
Perforations 10,384-90 w/4 JSFF					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		10,550		500			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load 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 December 5, 1968	Date of Test December 5, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 75 psig	Casing Pressure 0-Pkr	Choke Size 3/4"
Actual Prod. During Test 474	Oil-Bbls. 474	Water-Bbls. 0	Gas-MCF 328

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

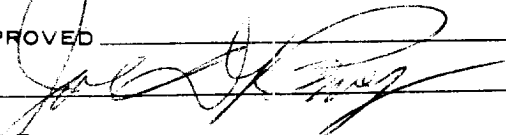
VI. CERTIFICATE OF COMPLIANCE

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)
Production Engineer
(Title)
December 6, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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.