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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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

15 13/70

I. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Elkan "A"** Well No. **1** Pool Name, Including Formation **Undesignated - Upper Penn** Kind of Lease **Fee** Lease No.

Location
Unit Letter **C** **1830** Feet From The **West** Line and **660** Feet From The **North**
Line of Section **34** Township **13-S** Range **34-E**, NMPM, **Lee** 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)		
Permian Corporation (Trucks)	1509 West Wall, 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)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	C	34	13-S 34-E
			Is gas actually connected? No When Unknown at present

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

IV. 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 Res'v.	Diff. Res'v.
Date Spudded 12-5-69	Date Compl. Ready to Prod. 2-6-70	Total Depth 10,500	P.B.T.D. 10,436					
Elevations (DF, RKB, RT, GR, etc.) KB 4147, GL 4132	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 10,382 (-6235)	Tubing Depth 10,423					
Perforations 10,385-10,393 w/4 JSFF	Depth Casing Shoe 10,500							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13"	11-3/4" 42#		400		400			
11"	8-5/8" 32#		4500		766			
7-7/8"	5-1/2" 17#		10,500		500			

V. 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 1-23-70	Date of Test 3-11-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 100	Casing Pressure 0	Choke Size --
Actual Prod. During Test 131	Oil - Bbls. 22	Water - Bbls. 109	Gas - MCF 2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

T. D. Clay **T. D. Clay**
(Signature)
Production Engineer
(Title)
March 12, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED 12 1970, 19

BY [Signature]

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.

THE SUPERIOR OIL COMPANY

ELKAN "A" NO. 1

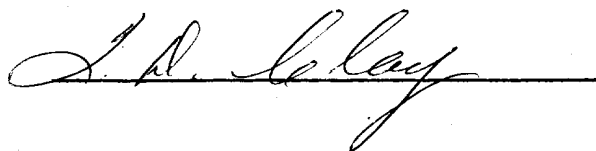
TABULATION OF DEVIATION SURVEY

LOCATION: 1830' FWL & 660' FNL
Section 34, T-13-S, R-34-E
Undesignated Field
Lea County, New Mexico

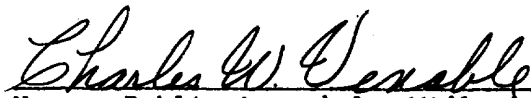
MAR 11 1970

<u>Depth</u> <u>(Feet)</u>	<u>Deviation</u> <u>(Degrees)</u>	<u>Depth</u> <u>(Feet)</u>	<u>Deviation</u> <u>(Degrees)</u>	<u>Depth</u> <u>(Feet)</u>	<u>Deviation</u> <u>(Degrees)</u>
154	3/4	2376	1-1/4	5650	1/2
190	1/2	2493	3/4	6058	1
331	1	2684	3/4	6307	3/4
370	3/4	2900	1-1/4	6695	1/2
400	3/4	3099	1-1/4	7095	1/2
584	1	3300	3/4	7500	1
786	3/4	3560	3/4	7650	1/2
988	3/4	3720	1-3/4	8028	3/4
1175	3/4	3935	1	8427	1
1360	1/2	4063	3/4	8827	1-1/2
1546	3/4	4316	1-3/4	9335	2
1748	3/4	4345	1	9673	1-1/2
1897	1	4500	1-1/2	9782	1
1960	1	4853	1/4	9844	1
2198	1/4	5250	3/4	10,227	1
				10,500 TD	1/2

I certify that the above information is true and complete to the best of my knowledge.



SUBSCRIBED and sworn to before me this 13th day of March, 19 70


Notary Public in and for Midland
County, Texas

My Commission Expires June 1, 1971