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U.S.G.S.		
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 OMC-101 and C-110
Effective 1-1-65

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) CASINGHEAD GAS MUST NOT BE RELEASED AFTER 11/15/75 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "K"	Lease No.	Well No. 1	Pool Name, including Formation Querecho Plains (Queen)	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter K ; 1700 Feet From The South Line and 2300 Feet From The West				
Line of Section 23 Township 18-S Range 32-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) P. O. Box 1183, Houston, Texas 77001					
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) None					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 18-S	Rge. 32-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 Restv.	Diff. Restv.
Date Spudded 9-29-74	Date Compl. Ready to Prod. 11-15-74		Total Depth 4,800		P.B.T.D. 4,772				
Elevations (DF, RKB, RT, GR, etc.) RKB: 3,784	Name of Producing Formation Penrose Sand		Top Oil/Gas Pay 4,178		Tubing Depth 4,124				
Perforations Penrose Sand 4,178'-4,190' w/total of 48 holes, I.D. 0.40"					Depth Casing Shoe 4,800				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		418'		300 sks-cmt to surf.				
7-7/8"	5-1/2"		4,800'		750 sks-top cmt @ 1,150'				
	2-7/8"		4,124'						

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)

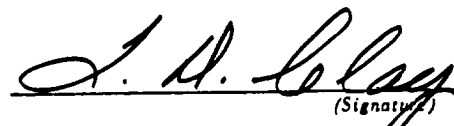
Date First New Oil Run To Tanks 11-15-74	Date of Test 11-16-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs	Tubing Pressure 75	Casing Pressure 0 - Packer	Choke Size 28/64"
Actual Prod. During Test 207	Oil-Bbls. 207	Water-Bbls. 0	Gas-MCF 90

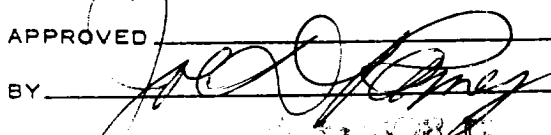
GAS WELL

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.


T. D. Clay
Petroleum Engineer
(Title)
11-20-74
(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