

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF APPLICANTS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Superior Oil Company, The

Address  
P.O. Box 3901, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

*Buffalo Penn*

Lease Name <u>Bondurant Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated - Atoka</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-12568</u>
Location				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>19S</u> Range <u>32E</u> , NMPM. <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Refining Company</u>	<u>P.O. Box 980, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Pipeline Company</u>	<u>4001 Penbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>1</u> Twp. <u>19S</u> Rge. <u>32E</u>	<u>Yes</u> <u>12-15-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
(X)		X				X		
Date Spudded <u>4-18-83</u>	Date Compl. Ready to Prod. <u>4-27-83</u>	Total Depth <u>13,800</u>	P.B.T.D. <u>13,037</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>GR: 3660</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>12,498</u>	Tubing Depth <u>12,400</u>					
Perforations <u>Atoka 12,537 - 12,540</u>							Depth Casing Shoe <u>13,800</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>520</u>	<u>525 sks</u>
<u>11"</u>	<u>8 5/8"</u>	<u>5250</u>	<u>1570 sks</u>
<u>7 5/8"</u>	<u>5 1/2"</u>	<u>13800</u>	<u>900 sks</u>

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 <u>444</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>72</u>	Gravity of Condensate <u>57</u>
Testing Method (psol, back pr.) <u>Back Press</u>	Tubing Pressure (Shot-in) <u>2000</u>	Casing Pressure (Shot-in) <u>0 - Packer</u>	Choke Size <u>20/64</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mr. G. E. Tate G. E. Tate  
(Signature)  
Division Operations Superintendent  
(Title)  
12-19-83  
(Date)

OIL CONSERVATION DIVISION  
**DEC 29 1983**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 deviated 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 conditions.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.

~~RECEIVED~~

DEC 20 1983

O.C.D.  
HOBBBS OFFICE