

INSTITUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-104
Supersedes O-104 and O-104
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
THE SUPERIOR OIL COMPANY

Address
P. O. BOX 4500 THE WOODLANDS, TEXAS 77380

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

New Well	<input checked="" type="checkbox"/>	Change In Transporter of Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<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	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Bondurant Federal <i>Com</i>	NM 12568	1	W. Tonto - <i>Morrow</i> <i>Lease</i> <i>abolished</i>	Federal
Location	Unit Letter	Feet From The	Line and	Feet From The
	I	1980'	South	660'
Line of Section	Township	Range	Lea	County
1	19S	32E		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
<input type="checkbox"/>	
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
<input type="checkbox"/>	
El Paso Natural Gas	P.O. Box 1492 El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	When
Unit	Sec.
Twp.	Rge.
Is gas actually connected?	When

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hcs'v.	Diff. Hcs'
(X)		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1/31/80	5/28/80	13,800' MD	13,654'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 3,660'	Morrow	13,524'	13,463'					
Perforations			Depth Casing Shoe					
Morrow 13,524 - 13,550'			13,880'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	520'	525 SXS "C"
11"	8-5/8"	5,250'	1370 SXS "C" & 200 "H"
7-5/8"	5-1/2"	13,800'	900 SXS "H"

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
2,567'	24	0	-----
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	2573'		14/64

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.

L H Bohot
(Signature)
L. H. Bohot
Lead Production Engineer
(Title)
7/7/80

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1980, 19__

BY *[Signature]*
TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.