. 10								
$\mathcal{O}_{1}$	NºI. OF COPIES RECEIVED							
	DISTRIBUTION							
ļ	SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE					
ļ	FILE		AND Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRAN	ZATION TO TRANSPORT CIL AND NATURAL GAS					
	LAND OFFICE							
	TRANSPORTER GAS							
Ì	DPERATOR							
	PRORATION OFFICE							
	Operator Oth Company							
	The Superior Oil Company							
	Address							
		P. O. Box 1900, Midland, Texas 79701						
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Cher (Please explain)							
	New Well							
	Recompletion	Oll Dry Gas	THE SECOND AND BROOM					
	Change in Ownership	Change in Ownership Casinghead Gas Condensate Condensat						
	f change of ownership give name							
	nd address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No. Under Ender							
	Government "E"			- Foo				
		2 Wildcat (San Ar	lures)	Federal NM-086				
		160 Det Die North	e and <b>760</b> Feet From T	he East				
	Unit Letter A ;	60 Feet From The North Line	e and Feet From T					
	Line of Section 25 Tow	mship <b>19-S</b> Range	34-E , NMPM,	Lea County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	5					
	Name of Authorized Transporter of Cil	X or Condensate	Address (Give address to which approv					
	Permian Corporation (1		1509 West Wall, Midla					
	Name of Authorized Transporter of Cas	inghead Gas 🔄 — or Cry Gas 🚞 —	Address (Gree address to which approv	ed copy of this form is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas detaily connected? Whe					
	give location of tanks.	A 25 19-S 34-E	No	Unknown at present				
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:					
	COMPLETION DATA			Plug Back Same Resty, Diff. Resty.				
	Designate Type of Completio	- ( <b>Y</b> )	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty.				
		· · · · · · · · · · · · · · · · · · ·	X	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Deptr.					
	March 22, 1972	11-29-72	10,350	6,034 Tuking Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Ges Fay					
	RKB: 3786, GL: 3772 Perforations	San Andres	5,845	5,873 Depth Casing Snoe				
	5855'-5865' w/4 Je	t Shots par foot		10,350				
	<u> </u>	TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	15"	11-3/4"	400'	450 sx circulated				
	11"	8-5/8"	3,800'	775 sx (top cmt @ 650')				
	7-7/8"	5-1/2"	10,350!	1083 sx				
		2-7/8"	5,873'					
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil (	and must be equal to or exceed top allow-				
••	OIL WELL	<b>TEST DATA AND REQUEST FOR ALLOWABLE</b> (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)				
	11-29-72	11-30-72	Pump					
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size				
	24	100	0					
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF				
	59	52	7	9.5				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Concensate/MMCF	Gravity of Condensate				
	Actual Floa, 1081 MCF/D							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
vi	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
• •	CERTIFICATE OF COMPENANCE		DEC	1 3 1972				
	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.		APPROVED					
			al A station					
			TITLE SUPERVISOR DISTRICT I					
	- <b>c b</b>		This form is to be filed in compliance with RULE 1104.					
	O. V. Sivege O. V. Sivage		If this is a tennest for allowable for a newly drilled or deepend					
	(Signature)		wall the form must be accompanied by a tabulation of the Caviation					
	Production Engineer		tests taken on the well in accordance with RULE 111.					
	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
	December 7, 1972		Fill out only Sections I. H. III. and VI for changes of owner,					
	(Date)		well name or number, or transporter, or other such change of condition.					
				it be filed for each pool in multiply				
			pomplered wells.					

## 7 5 SUPERIOR OIL COMPANY GOVERNMENT "E" NO. 2 SECTION 25, T-19-S, R-34-E UNDESIGNATED FIELD LEA COUNTY, NEW MEXICO DEVIATION SURVEY TABULATION

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Depth (Feet)	Deviation (Degrees)	Depth (Feet)	Deviation (Degrees)	Depth (Feet)	Deviation (Degrees)
100 200 300 390 600 820 1,050 1,206 1,400 1,631	1 /4 1 /4 1 /4 1 /2 1 /2 1 /2 1 /2 1 /2 3 /4 3 /4	2,680 -2,880 3,140 3,231 3,294 3,360 3,452 3,616 3,794	1-1/4 1-1/2 2 2-1/2 2-1/2 2 1-1/2 3/4 3/4	5,900 6,290 6,710 7,092 7,470 7,875 8,285 8,443 8,845	1/2 1/2 1/2 1 3/4 1/4 1-1/2 3/4 1-1/4
1, 855 2, 051 2, 260 2, 480	3/4 1 1 1 1 3/4	4,165 4,300 4,690 5,096 5,496	1/2 1/4 1/4 1/2 1/2	9,205 9,585 10,308 TD 10,350	1 - 1 / 2 2 1 1

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

O. V. Sivage

SUBSCRIBED and sworn to before me this 7th day of December , 19 72

My Commission Expires June 1, 1973

Notary Public in and for Midland County, Texas