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U.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

I. Operator  
The Superior Oil Company  
Address  
P. O. Box 1900, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) **THIS FORM SHOULD NOT BE  
FILED WITHOUT THE  
APPROPRIATE OPTION 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 "G"	Well No. 1	Pool Name, including Formation Undesignated-San Andres	Kind of Lease State, Federal or Fee Federal	NM Lease No. 0381550-C
Location Unit Letter 0 ; 330 Feet From The South Line and 1700 Feet From The East Line of Section 24 Township 19-S Range 34-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"/> Permian Corporation (truck)	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall, Midland, Texas 79701					
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)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 24	Twp. 19-S	Rge. 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-26-73	Date Compl. Ready to Prod. 5-24-73		Total Depth 6250		P.B.T.D. 6172			
Elevations (DF, RKB, RT, GR, etc.) RKB: 3794, GR: 3782	Name of Producing Formation San Andres		Top Oil/Gas Pay 5840		Tubing Depth 5929			
Perforations San Andres: 5870'-5882' & 5840'-5856'					Depth Casing Shoe 6250			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		400'		300 sx. Circ to surface			
7-7/8"	5-1/2"		6250'		915 sx. Top cmt @ 1150'			
	2-7/8"		5929'					

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)

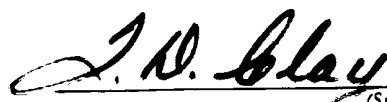
Date First New Oil Run To Tanks 6-27-73	Date of Test 6-28-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 125	Casing Pressure 25	Choke Size ---
Actual Prod. During Test 126	Oil-Bbls. 85	Water-Bbls. 41	Gas-MCF 39

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  
(Signature)  
Petroleum Engineer  
(Title)  
June 29, 1973  
(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 completed wells.

TABULATION OF DEVIATION SURVEYS

LOCATION: 330' FSL & 1700' FEL  
 Section 24, T-19-S, R-34-E  
 Undesignated Field  
 Lea County, New Mexico

<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>
72	0	1,463	1/2	3,600	1-1/2
156	1/4	1,697	1/4	3,950	1
249	1/4	2,000	3/4	4,115	3/4
344	1/2	2,252	1/2	4,510	1/4
376	1/4	2,612	3/4	4,670	1/4
400	1/4	3,007	1-1/2	5,030	1/4
620	1/2	3,122	1-1/2	5,479	1/4
874	1/2	3,260	1-3/4	5,510	3/4
1,120	1/4	3,330	1-1/2	5,658	1/2
1,378	1/4	3,333	1-1/2	6,006	1/2
				6,250 TD	1-1/2

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

T. D. Clay T. D. Clay

SUBSCRIBED and sworn to before me this 29 day of June, 1973

My Commission Expires 6-1-75

E. J. Smith  
 Notary Public in and for Midland  
 County, Texas