

OIL CONSERVATION DIVISION
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LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

THE SUPERIOR OIL COMPANY

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

Person(s) for filing (Check proper box)
New Well ☒ Recompletion ☐ Change in Ownership ☐

Charge in Transporter of:
Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain)
Request 1000 bbls testing allowable to test Bone Spring.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Government "23"	1	Wildcat Bone Spring	State, Federal or Fee Federal	NM-26395

Location
Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 26 Township 19S Range 34E , N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Southern Union Refining Company	P. O. Box 980, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Vented	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas currently connected?	When
	G	23	19S	34E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Some tests	Drill hole
Date Started	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Equipment (LF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Test First New Oil Run To Tanks	Date of Test	Flowing 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

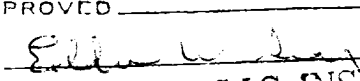
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

 G. E. Tate
(Signature)
Production Superintendent
(Title)
9-7-82

OIL CONSERVATION DIVISION
SEP 15 1982
APPROVED _____, 19____
BY 
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 111.

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 ownership, change of transporter, or other such change of condition.