

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
LAND OFFICE	
U.S.G.	
FILE	
SANTA FE	
DISTRIBUTION	

The Superior Oil Company

Address

P.O. Box 3901, Midland, Texas 79702

Reasons for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Add gas purchaser
*Name changed from Clayco, Inc.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Government "E"	Well No. 7	Pool Name, Including Formation Lea (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-086
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>19S</u> Range <u>34E</u> N.M.P.M. Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ *Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>25</u> Twp. <u>19S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u> When <u>7-28-83</u>

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	Same Res'y.	Diff. Res'y.
Cole Spotted	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (L.F., A.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforation					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 well oil and must be equal to or exceed top allow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, G.P.T., gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Initial Casing Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

I. 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)

Division Operations Superintendent

(Title)

8-8-83

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 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, or other information. Section I must be changed if the well is plugged or abandoned.

Section I must be filled out for each pool in each well.