

SALT WATER DISPOSAL

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P. O. DRAWER 1857
ROSWELL, NEW MEXICO

JUN 28 9 37 AM '83

BUR. OF LAND MGMT
ROSWELL DISTRICT

WELL NAME Government "9" WELL NUMBER 2
LOCATION 1980' FSL, 660' FEL, Section 9, T19S, R35E
COUNTY & STATE Lea, New Mexico LEASE NUMBER NM-054858
FIELD OR POOL Bone Spring
OPERATOR The Superior Oil Company CONTACT Lorraine Maroney/G.E. Tate
ADDRESS P.O. Box 3901, Midland, Texas 79702
TELEPHONE 915/699-2637
GATHERER Rowland Trucking Company TELEPHONE 505/394-2521
ADDRESS Eunice, New Mexico 88231
DISPOSAL SYSTEM Truckers SWD
LOCATION Section 6, T21S, R34E, Lea County, New Mexico
METHOD OF DISPOSAL Unknown

AMOUNT OF WATER PRODUCED 9 BWPD.

Signed:  G. E. Tate
Title: Division Operations Superintendent
Date: 6-27-83

ACCEPTED FOR RECORD

OCT 12 1983

ROSWELL, NEW MEXICO

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TRANSPORTER	OIL	
	GAS	
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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

Operator The Superior Oil Company	
Address P.O. Box 3901, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil * <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
*Effective 10-1-83	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Government "9"	Well No. 2	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. NM0554858
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 9	Township 19S	Range 35E	NMPM, Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline	P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When 7-28-83

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

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)

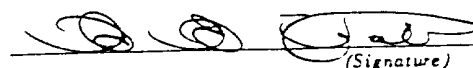
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.


(Signature) G. E. Tate
Division Operations Superintendent
(Title)
9-15-83
(Date)

OIL CONSERVATION COMMISSION

SEP 21 1983
APPROVED _____, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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SEP 20 1983

O.C.D.
HOBBS CRIME