

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|-------------|
| NO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| REGISTRATION OFFICE | |

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

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

| | |
|--|--|
| If change of ownership give name and address of previous owner | THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. |
|--|--|

| | |
|--|--|
| 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 |
| Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East | Lease No. NM0554858 |
| Line of Section 9 Township 19S Range 35E , NMPM, Lea | County |

| | |
|---|---|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When |
| G 9 19S 35E | 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 Same Res'v. Diff. Res'v. |
| X | X |
| Date Spudded 4-13-83 | Date Compl. Ready to Prod. 5-30-83 |
| Total Depth 9852' | P.B.T.D. 9594' |
| Elevations (DF, RKB, RT, GR, etc.) 3807.2 GR | Name of Producing Formation Bone Spring |
| Top Oil/Gas Pay 9442' | Tubing Depth 9369' |
| Perforations 9604 - 9608; 9586 - 9595; 9550 - 9556; 9460 - 9463; 9442 - 9452 (93 holes) | Depth Casing Shoe 9851 |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| 26" | 20" |
| 17 1/2" | 13 3/8" |
| 12 1/2" | 9 5/8" |
| 8 1/2" | 7" |
| DEPTH SET | SACKS CEMENT |
| 40' | RediMix |
| 430' | 450 |
| 4135' | 2310 |
| 9851' | 343 |

TEST DATA AND REQUEST FOR ALLOWABLE (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 5-26-83 | Date of Test 6-15-83 | Producing Method (Flow, pump, gas lift, etc.) Flowing |
| Length of Test 24 hrs | Tubing Pressure 170 | Casing Pressure 25 |
| Choke Size 25/64 | Actual Prod. During Test Oil-Bbls. 452 | Water-Bbls. 9 |
| Gas-MCF 385 | | |

| | |
|----------------------------------|---------------------------|
| 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 | OIL CONSERVATION DIVISION |
| 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. | APPROVED JUN 20 1983, 19 |
| BY G. E. Tate | BY ORIGINAL SIGNED BY JERRY SEXTON |
| Division Operations Superintendent | TITLE DISTRICT I SUPERVISOR |
| 6-16-83 | This form is to be filed in compliance with RULE 1104. |
| (Date) | 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 recompleted wells. |

RECEIVED

JUN 20 1983

O.C.D.
HOBBS OFFICE