

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

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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		R-7396	12-1-83
Lease Name Government "10"	Well No. 1	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee Federal
Location		Lease No. NM0554858	
Unit Letter M	660	Feet From The South	Line and 660
Line of Section 10		Township 19S	Range 35E
		County Lea	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 G
	Sec. 9
	Twp. 19S
	Rge. 35E
	Is gas actually connected? Yes
	When 10-27-83

If this production is commingled with that from any other lease or pool, give commingling order number: NA - filed 10-26-83

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"/> Some Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded 7-20-83	Date Compl. Ready to Prod. 10-14-83
Elevations (D.F., R.B., RT, GR, etc.) 3795.9' GR	Name of Producing Formation Bone Spring
Perforations 10,581 - 10,786' w/CIBP @ 10,535'.	9,429 - 9,590' Bone Spring (Open)
	10,920

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
--	20"	40'	Redi-Mix to Surface
17 1/2"	13 3/8"	433'	425
12 1/4"	9 5/8"	4,130'	1705
8 1/2"	7"	10,920	460


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 10-4-83	Date of Test 10-20-83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 150	Casing Pressure 40
Actual Prod. During Test	Oil-Bbls. 22	Water-Bbls. 6
		Gas-MCF 34

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

I. 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.

 G.E. Tate
(Signature)
Division Operations Superintendent
(Title)
10-26-83
(Date)

OIL CONSERVATION COMMISSION

OCT 31 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.

RECEIVED
OCT 28 1983
F.B.I.
HOBBS OFFICE