

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMITS OFFICE	

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

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mescalero Ridge A Com.	1	Scharb (Bone Springs)	State, Federal or Fee Fee	
Location				
Unit Letter	I	1980	Feet From The south Line and 660	Feet From The east
Line of Section	17	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"/>	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 <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	Franks Phillips Bldg. (5-4B) Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K, Sec. 17, Twp. 19S, Rge. 35E	yes 4-26-84

If this production is commingled with that from any other lease or pool, give commingling order number: no

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		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-20-84	4-26-84	11,200'	10,000'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3822.7' GR	Bone Springs	9671'	9955.47'					
Perforations	Depth Casing Shoe							
9904-9671' 174-3 1/2" holes (Bone Springs)	10,092'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	410'	550
12-1/4"	9-5/8"	4100'	2700
7-7/8"	5-1/2"	10,092'	1000

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.)	
4-11-84	5-10-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	140	40	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	97	4	41

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

Division Operations Superintendent

5-21-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 28 1984

BY ORIGINAL SIGNED BY JERRY CEXTON 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 deviated 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

O.C.D.
HOBBS OFFICE