

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
UNIT	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
The Superior Oil Company

Address
P.O. Box 3901, Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well ☒ * Change in Transporter of: Other (Please explain)
 Recompletion ☐ Oil ☐ Dry Gas ☐ *Name changed from Government "24" No. 1
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____
 Approval to hire casinghead gas from this well must be obtained from the Minerals Management Service *B.M.*

I. DESCRIPTION OF WELL AND LEASE

Lease Name *Government "G"	Well No. 2	Pool Name, Including Formation Lea (San Andres)	Kind of Lease State, Federal or Fee Federal	NM Lease No. 0381550-C
Location Unit Letter 0 : 760 Feet From The South Line and 2080 Feet From The East Line of Section 24 Township 19S Range 34E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Flared - Negotiating for Contract	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 24 Twp. 19S Rge. 34E	Is gas actually connected? No When

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) 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"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-16-84	Date Compl. Ready to Prod. 6-11-84
Elevations (DF, RAS, RT, GR, etc.) 3805.3' GR	Name of Producing Formation San Andres Bone Spring
Perforations 5959-6003	Total Depth 10,400
	Top Oil/Gas Pay 5,860
	Tubing Depth 5609
	Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	420'	450
11"	8-5/8"	4100'	1800
7-7/8"	5-1/2"	8306'	1800

VI. 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 5-23-84	Date of Test 6-24-84	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#
Actual Prod. During Test	Oil-Bbls. 47	Water-Bbls. 32
		Gas-MCF 31

GAS WELL

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

VII. 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 **G. E. Tate**
 Division Operations Superintendent
 June 29, 1984

OIL CONSERVATION DIVISION

JUL - 6 1984

APPROVED _____
 BY _____
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 change of ownership, lease number, or transporter, or other such change of condition.
 Sections I, II, III, and VI must be filled for each pool in which

Government G-2
Drilled as Government "24" #1
Section 24, T19S, R34E
Lea County, NM

Inclination Report

<u>Measured Depth (Feet)</u>	<u>Angle Inclination (Degree)</u>
158	3/4
420	3/4
704	3/4
1,192	3/4
1,649	1/2
2,108	3/4
2,955	1
3,208	1 1/4
3,512	1 1/4
3,816	1
4,100	1 1/4
4,574	1
5,063	1
5,514	1
6,042	1/4
6,528	1/4
7,056	1
7,556	1 1/4
8,025	1 1/4
8,302	1/4
8,755	2 1/4
8,979	1
9,449	3/4
10,025	1 3/4
10,400	1 1/2

I, Mike Mitchell, certify that the information contained herein is true and correct to the best of my knowledge and belief.

Signature: Mike Mitchell

Name: Mike Mitchell

Title: Drilling Manager

Date: June 28, 1984

STATE OF TEXAS
COUNTY OF MIDLAND

This instrument was acknowledged before me on July 3, 1984.

Deanna Alise Dodson

Deanna Alise Dodson
Notary Public in and
for the State of Texas
Date: July 3, 1984