

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 5/1/82**  
*from U. S. Dept.*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Featherstone Federal	Well No. 1	Pool Name, Including Formation Wildcat (Bone Spring)
Location		Kind of Lease State, Federal or Fee Federal
Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>East</u>		Lease No. NM-13644
Line of Section <u>21</u> Township <u>20S</u> Range <u>35E</u> , NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 980, Hobbs, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Lease use and flaring			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21	Twp. 20S
		Rge. 35E	
		Is gas actually connected?	When
		NO	

If this production is commingled with that from any other lease or pool, give commingling order number: Not commingled

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Designate Type of Completion - (X)		X		X					
Date Spudded 4-28-81	Date Compl. Ready to Prod. 2/18/82	Total Depth 14,100'		P.B.T.D. 10,160'					
Elevations (DF, RAB, RT, GR, etc.) 3716'GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 10,086		Tubing Depth 10,200					
Perforations 10,086-10,096' Bone Spring. For additional information see attachment.		Depth Casing Shoe 11,486							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
26"	20"	61'		Redi Mix to Surface					
18 1/2"	16"	628'		Redi Mix to Surface					
14 3/4"	10 3/4"	4,421'		5500					
9 1/2"	7 5/8"	11,486'		445					
9 1/2"	5" Liner	11,194'-14,100'		350					

V. 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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 11/16/81	Date of Test 3-3-82	Rod Pump	
Length of Test 24 hrs.	Tubing Pressure 75	Casing Pressure 20	Choke Size
Actual Prod. During Test	Oil-Bbls. 58	Water-Bbls. 3	Gas-MCF 50

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

VI. 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 <u>APR 1 1982</u> , 19	
<u>G. E. Tate</u> Production Superintendent (Title) 3-12-82 (Date)		ORIGINAL SIGNED BY BY <u>JERRY SEXTON</u> TITLE <u>DISTRICT 1 SUPR.</u>	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Form C-104 must be filed for each pool in mult completed wells.	

RECEIVED

MAR 8 1982

U.S. AIR FORCE  
HARRISBURG OFFICE