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	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

I.

Operator: **The Superior Oil Company**

Address: **P. O. Box 1900, Midland, Texas**

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Gramma Ridge - Morrow Gas
R-3152

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Government "A"	NM-033312	1	Gramma Ridge - Morrow Gas	State, Federal or Fee Federal

Location
Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West
Line of Section 10 Township 22-S Range 34-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: **McWood Corporation**
Address *(Give address to which approved copy of this form is to be sent)*: **2003 Wilco Building, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: **Phillips Petroleum Company**
Address *(Give address to which approved copy of this form is to be sent)*: **Box 758, Hobbs, New Mexico**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	22-S	34-E	Yes	August 12, 1966

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
December 9, 1965	March 16, 1966	13,400	13,000
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3585 KB, 3569 GL	Pennsylvanian-Morrow	12,958	12,880
Perforations			**Depth Casing Shoe**
12,958-12,963			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	16"	388	755
13-3/4"	10-3/4"	5750	800 + 1170 thru DV at 3845
9-5/8"	7-5/8"	11,920	600
	5" Liner	13,400	375

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

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,609	52 hours	12	49
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back Pressure	1134	0	--

VI. 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.

O. V. Savage
(Signature)

Production Engineer
(Title)

September 1, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 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 completed wells.

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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Reason(s) for filing *(Check proper box)*
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other *(Please explain)*

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Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
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Location: Unit Letter **F**; **1650** Feet From The **North** Line and **1650** Feet From The **West**

Line of Section **10** Township **22-S** Range **34-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: **Permian Corporation**
Address *(Give address to which approved copy of this form is to be sent)*: **1509 West Wall, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: **Phillips Petroleum Company**
Address *(Give address to which approved copy of this form is to be sent)*: **Box 758, Hobbs, New Mexico**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	22-S	34-E	Yes	August 12, 1966

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Perforations: 12,958 - 12,963

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Back Pressure	1134	0	--

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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.

D. V. Savage
(Signature)

Production Engineer
(Title)

August 24, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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