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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOBBS OFFICE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 18 8 15 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator The Superior Oil Company	
Address P. O. Box 1900, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Other (Please explain) Request to transport 40 barrels of condensate produced while testing. (Well now shut in awaiting gas market.)	

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

Lease Name Government "A"	Lease No. MI-033312	Well No. 1	Pool Name, Including Formation Grams Ridge - Morrow Gas	Kind of Lease 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, Loa County	

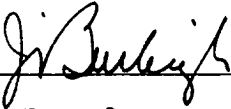
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation					1509 West Wall, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
None					-	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 10	Twp. 22-S	Rge. 34-E	Is gas actually connected? No	When -

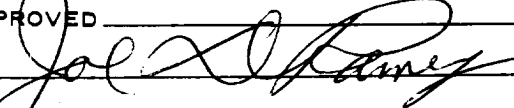
If this production is commingled with that from any other lease or pool, give commingling order number: **-**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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.)	
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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.	
	J. I. Burleigh
Petroleum Engineer	(Title)
April 13, 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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