	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersoles Old C-106 and C-11 Effoctive 1-1-65 S					
	PRORATION OFFICE			• 					
-	Operator								
The Superior Oil Company									
	Nine Greenway Plaza, Sui Resson(s) for filing (Check proper box)								
	12/26/84								
New We!! Change in Transporter of: Form C-104 dated 12/26/84 Recompletion Out Dry Gas Filed in error. Please cancel. Change in Opportunities Contempted Gas Condensate Filed in error. Please cancel.									
j	Change in Ownership			······································					
	If change of ownership give same and address of previous owner	No change in owner	ship						
∎.	DESCRIPTION OF WELL AND L	EASE Well No.; Pool Name, Including For	mation Kind of Lease	Lease No.					
	State 7 SST	1 Bootleg Ridge		¤F ⊷ State NM-124					
	Location	South	and 1980 Feet From Th	- East					
		Feet From The South Line							
	Line of Section 7 Town	nship 22S Range	<u>33E , NMPM,</u>	Lea County					
II .	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d come of this form is to be sent)					
	Name of Authorized Transporter of Oil Koch Oil Company	or Condensate X	P.O. Box 1558, Brecken Address (Give address to which approve						
	Name of Authorized Transporter of Casi	inghead Gas 🚺 or Dry Gas 🕅							
	Llano, Inc.	Unit Sec. Twp. P.ge.	P.O. Box 1320, Hobbs, Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.	J 7 22S 33E	Yes	5-11-82					
IV.	If this production is commingled with COMPLETION DATA	rive commingling order number:	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion		Total Depth	P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.							
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
		CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
•,	DOT DATA AND BEOUEST FO	DRALLOWABLE (Test must be af	l fer recovery of total volume of load oil a	and must be equal to or exceed top allow-					
¥	OIL WELL	able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks			Chete Size					
	Length of Test	Tubing Pressure	Casing Pressure						
	Actual Pred. During Test	Oil-Bhie.	Water - Bble.	Ges - MCF					
	GAS WELL	Grevity of Condensate							
	Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensate/h&ACF						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-is)	Cosing Pressure (Shut-in)	Choke Size					
			OIL CONSERXA	TION COMMISSION					
VI	CERTIFICATE OF COMPLIANCE		APPROVED	7 1985					
	I hereby certify that the rules and a Commission have been complied v above is true and complete to the	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	BYORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
			TITLE						
	UB. Que								
		W.M. Inc. as Agent for	If this is a request for allowable for a newly drilled the deviation 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 allow- able 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						
	Ine super to	COIL CO.							
	January 24	-							
		ele)							

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	01617100171014	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501						
	P 1L E							
	LAND DEFICE	REQUEST FOR ALLOWABLE						
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
3.	PAGRATION OFFICE							
	Mobil Producing Texas & New Mexico, Inc.							
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046 Reason(s) for filing (Check proper box)							
	Reason(s) for filing (Check proper box) New Well Change in Transporter ol: Effective 1-1-85							
	Recompletion Change in Ownership X	Cti Dry G Garinghead Gas Conde	••		· ·			
	If change of ownership give name and address of previous owner	Superior Oil Company, Th	e, P. O. Box 390	1, Midlar	nd, Texas 79702			
. .	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation	Kind of Leas				
	State 7 SST	1 Bootleg Ridg		State, Feder		NM-124		
	Location J 198 Unit Letter :		1980	Feet From	The East	·J		
	7	mahip 22S Range	33Е , мири		Lea	County		
Ξ.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
	Name of Authorized Transporter of Cil or Condensate Koch Oil Company				aridge, TX 76024	o be sentj		
	Norme of Authorized Transporter of Casinghead Gas or Dry Gas Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 7 22S 33E	is gas actually connecte Yes					
	f this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	· · · · · · · · · · · · · · · · · · ·			
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Rest		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	- I	P.B.T.D.			
ł	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
Ì	Perforationa	1	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe			
F		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT			
E	HOLE SIZE		DEFINSE	······	SACKSCEM			
F								
],	FEST DATA AND REQUEST FO	PALLOWARIE (Terrent have	l l ter recovery of 10tal volum	a of load oil	j			
	DIL WELL Date First New Cil Bun To Tanks		pih or be for full 24 hours; Producing Method (Flow,					
	Length of Test	Tubing Pressure Casing Pressure			Choke Size			
	Actual Prod. During Test	Cil-Bols.	Water-Bbis.		Gas-MCF			
C	SAS WELL				•			
	Actual Prod. Tool-MCF/D	Length of Test	Bbls: Condensate/MMCF		Gravity of Condeneate			
	Testing Wethod (pitol, back pr.)	Tubing Pressure (Shut-in)	Caelng Pressure (Ebut-	in)	Chote Size			
יב ו. כ	CERTIFICATE OF COMPLIANCE							
I	hereby certify that the rules and re ivision have been complied with	gulations of the Oil Conservation	APPROVED JAN - 2 1985					
	bave is true and complete to the	DYORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR						
		TITLE						
	& R bassion	C. R. Sessions	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly dilled or despine well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of some well paper or number, or transporter, or other such change of condition beparate Forms C-104 must be filled for each port in moltip condition.					
	(Signat Authorized	34						
••••	Authorized							
	December 2	6, 1984						
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STATE OF NEW MEXICU

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Form C-104 Revised 10-1-78

IGY AND MILLEHALS DUPARTMEN	OIL CONSERVI	TION DIVISON	KET1389 (0-1-70				
CIST # IN UT 10H	P. O. BO						
FILE	SANTA FL, NLV	V MEXICO 87501					
U 8.0.8.		R ALLOWABLE					
TRANSPURTER DIL	Α	ND					
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
The Superior Oil Company							
Address							
P.O. Box 3901, Mid	box)	Other (Please explain					
New Well	Change in Transporter of: Cil Dry Ga		lensate gatherer from poration effective ll-1-83				
Change In Ownership	Casinghead Gas 📄 * Conder						
If change of ownership give nar and address of previous owner_	۱ ۴						
DESCRIPTION OF WELL A							
Leose Name	Well No. Pool Name, Including F						
State 7 SST	1 Bootleg Ridge	(Morrow)	Foderal or Fee State NM-124				
Unit Letter;;	1980 Feel From The South Lin	ie and <u>1980</u> Feet	From TheEast				
Line of Section 7	Township 22S Range	33E , NMPM.	Lea Coun				
	ORTER OF OUL AND NATURAL GA	S					
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Live address to which	approved copy of this form is to be sent)				
Koch Oil Company	Casinghead Gas 📄 or Dry Gas 🔀	P.O. BOX 1558, Bre Address (Give address to which	eckenridge, TX 76024 approved copy of this form is to be sent)				
Llano, Inc.		P.O. Box 1320, Hot	obs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Yes	when 5-11-82				
	with that from any other lease or pool,		F:				
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deep					
Designate Type of Compl	etion $-(\lambda)$ i i Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Date Spudded	Date Compt. Neddy to Prod.						
Elevations (DF, RKB, RT, GR, etc	"ame of Producing Formation	Top Oll/Gas Pay	Tubing Depth				
Perforations		1	Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD							
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
, <u> </u>							
·							
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	feer recovery of total volume of lo	ad oil and must be equal to or exceed top a				
OIL WELL Dute First New Oil Run To Tanks		epth or be for full 24 hours) Producing Method (Flow, pump,					
			i Chore Size				
Length of Test	Tubing Pressure	Casing Pressure					
Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gat-MCF				
		<u>}</u>	<u> </u>				
GAS WELL		Bbla. Condenagte/AUACF	Gravity of Condensate				
Actual Fred. Tool-MCF/D	Langth of Test						
Teeting Method (pitot, back pr.)	Tubing Presewe (Shat-in)	Cosing Pressue (Shut-1n)	Choke Sile				
CERTIFICATE OF COMPLI	ANCE	DIL CONSE	RVATION DIVISION				
		APPROVED OCT	3 1 1983				
individual have been councilled t	nd regulations of the Oll Conservation with and that the information given	11					
shove is true and complete to	the best of my knowledge and belisf.	ORIGINAL SIGN	BYORIGINAL SIGNED BY JERRY SEXTON				
			ed in compliance with RULE 1104.				
B B Comes G.E. Late			- attomation for a newly drilled or deep				
(:	Signature)	If this is a request for all companied by a tabulation of the devia well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with AULE 111. All aections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections 1. II. III, and VI for changes of ow well name or number, or transporter, or other such changes of condi-					
<u>Division Operatic</u>	ns Superintendent						
10-28-83	-						
	(Dute)	Separate Forma C-10	4 must be filed for each pool in mu				
		romuleted welle.					