

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANITARY			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTATION	<table border="1"> <tr> <td>Oil</td> </tr> <tr> <td>Gas</td> </tr> </table>	Oil	Gas
Oil			
Gas			
OPERATION			
PRODUCTION OFFICE			
CHIEF OF			

THE SUPERIOR OIL COMPANY

Address

P. O. Box 3901, Midland, Texas 79702

Lesson(s) for Tiling (Check proper box)

New Well	☒
Recompletion	☐
Change In Ownership	☐

Change in Transporter of:

Oil	☐
Coasting Gas	☐

Other (Please explain)

Testing allowable of 1500 B0.
Oil produced while testing.

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

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Kind of Lease	Lease No.
Lease Name	Well No.	Pool Name, Including Formation	State, Federal or Fee	State	NM-1248
San Simon State <i>Com</i>	1	Wildcat (Bone Spring)			
Location					
Unit Letter	G	: 1980	Feet From The	North	Line and
					1980
					Feet From The
					East
Line of Section	6	Township	22S	Range	33E
					Lea
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Telephone # 683-7653

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					TELEPHONE	
Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Clayco, Inc.					200 Blanks Bldg., Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
Vented-negotiating contract						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Diff. Ho.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			F.B.T.D.		
Elevation (OP, FKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Testing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENT			
WELL NO.	WELL NAME	DATE	TIME
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

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 of
able for this depth or be for full 24 hours)

OIL WELL		Date for this Report: _____	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS MILL

GAS FLOW		Bbls. Condensate/MMCF	Gravity of Condensate
Action: Flow Test-MCF/D	Length of Test		
Test: 1 (shut-in prior, test pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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

Production Superintendent

11-8-82

OIL CONSERVATION DIVISION

APPROVED

ORIGINAL SIGNED BY

BY

JERRY SEXTON

TITLE

DISPATCH GUIDE

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells to be included in completed wells.

Particular attention is given to I, II, III, and VI for changes of α with β and γ . The other parameters of other such changes of form are also given. The α and β values are listed for each peak in Table 1.

RECEIVED
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O.C.O.
HOBBS OFFICE