

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised 10-7-76

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
STATE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

The Superior Oil Company

Address

P.O. Box 3901, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

To show transporter of condensate.

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Connally Federal	1	Bootleg Ridge, West (Morrow)	State, Federal or Fee Federal	NM-27805
Location	Unit Letter	J	1980	Feet From The South Line and 1980 Feet From The East
Line of Section	15	Township	22S	Range 32E, NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Ref. Co.	P.O. Box 980, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline	P.O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J, Sec. 15, Twp. 22S, Rge. 32E	Yes 3-14-83

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
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

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
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 (prior, back pr.)	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

G. E. Tate

Area Production Superintendent  
(Title)

5-5-83

(Date)

OIL CONSERVATION DIVISION

MAY 11 1983

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

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

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in recompleted wells.

RECEIVED  
MAY 10 1983  
O.C.D.  
HOBBS OFFICE