

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATION		
PRODUCTION OFFICE		

Operator The Superior Oil Company	
Address P.O. Box 3901, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 type="checkbox"/>

If change of ownership give name
and address of previous owner

10-1-83

DESCRIPTION OF WELL AND LEASE

East Red Fork Morrow Gas R-7351

Lease Name Connally Federal	Well No. 1	Pool Name, including Formation Wildcat (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. 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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Negotiating Contract		
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)	
Transwestern Pipeline	P.O. Box 2521, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 15
	Twp. 22S	Rge. 32E
	Is gas actually connected? Yes	
	When 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 3-20-82	Date Compl. Ready to Prod. 7-22-82		Total Depth 15,119'		P.B.T.D. 15,075'			
Elevations (DF, R&B, RT, GR, etc.) 3728' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14,668'		Tubing Depth 14,230'			
Perforations 14,668-14,669', 14,696-14,698' (Morrow)	See Correction				Depth Casing Shoe 15,119'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
36"	30"	40'	Redi Mix Surface
26"	16"	573'	1410
14 3/4"	10 3/4"	4,695'	3350
9 1/2"	7 5/8"	12,116'	835

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 1511	Length of Test 24 hrs	Bbls. Condensate/MMCF 5	Gravity of Condensate 49.1
Testing Method (pilot, back pr.) Buck Pressure	Tubing Pressure (Shot-in) 5700	Casing Pressure (Shot-in) 1100	Choke Size 6.5/64"

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. F. Tate
Area Production Superintendent
(Title)
4-19-83
(Date)

OIL CONSERVATION DIVISION

APR 26 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 deviate 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 conditions.

Separate Form C-104 must be filed for each pool in multi-

RECEIVED
APR 25 1933
G. C. R.
HOBBY OFFICE