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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>The Superior Oil Company</b>	
Address <b>P. O. Box 1900, Midland, Texas 79701</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Government "H" Com</b>	Lease No. <b>1</b>	Well No. <b>Undesignated</b>	Pool Name, including Formation <b>Hat Mesa</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>10</b> Township <b>21-S</b> Range <b>32-E</b> , NMPM, <b>Lea</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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) <b>P. O. Box 1183, Houston, Texas 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1419, Carlsbad, New Mexico 88220</b>	
*Southern Union Gas Company		
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>10</b>
	Twp. <b>21-S</b>	Rge. <b>32-E</b>
	Is gas actually connected? <b>Yes</b> When <b>October 14, 1974</b>	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		<b>X</b>	<b>X</b>					
Date Spudded <b>11-30-73</b>	Date Compl. Ready to Prod. <b>4-12-74</b>		Total Depth <b>14,374</b>		P.B.T.D. <b>14,245</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>RKB: 3800</b>	Name of Producing Formation <b>Morrow</b>		Top Oil/Gas Pay <b>Top Morrow - 13,560</b> <b>Top Perfs - 13,888</b>		Tubing Depth <b>13,775</b>			
Perforations <b>Morrow: 13,914'-13,934' &amp; 13,888'-13,902' w/total of 68 holes</b>					Depth Casing Shoe <b>14,374</b>			
TUBING, CASING, AND CEMENTING RECORD								
30" HOLE SIZE	20" CASING & TUBING SIZE	49 DEPTH SET	2.5 SACKS CEMENT					
17-1/2"	13-3/8"	350	400 sx-Circulated					
12-1/4"	10-3/4"	5,600	2100 sx-Top cmt @ 375'					
9-1/2"	7-5/8" Liner	5,383' to 11,187'	1545 sx total					
6-1/2"	5" Liner	10,984' to 14,374'	500 sx					

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

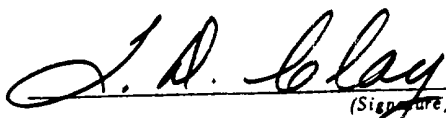
GAS WELL

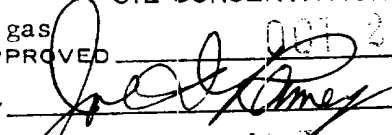
Actual Prod. Test-MCF/D <b>4,223</b>	Length of Test <b>1.75 hr</b>	Bbls. Condensate/MMCF <b>22.7</b>	Gravity of Condensate <b>Est. 55°</b>
Testing Method (pitot, back pr.) <b>Back Press - Measured thru separator</b>	Tubing Pressure <b>1845</b>	Casing Pressure <b>0-Pkr</b>	Choke Size <b>20/64"</b>

VI. CERTIFICATE OF COMPLIANCE

\*This connection reflects Southern Union share

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.

  
T. D. Clay  
Petroroleum Engineer  
October 21, 1974

OIL CONSERVATION COMMISSION  
of gas  
APPROVED **001 23 1974**, 19  
BY   
TITLE **SUPERVISOR DISTRICT I**

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

THE SUPERIOR OIL COMPANY

Government "H" Cor No. 1  
1980' FNL & 1980' FEL.  
Section 10, T-21-S, R-32-E  
Undesignated Hat Mesa Field  
Lea County, New Mexico

<u>Depth (Feet)</u>	<u>Deviation (Degrees)</u>	<u>Depth (Feet)</u>	<u>Deviation (Degrees)</u>	<u>Depth (Feet)</u>	<u>Deviation (Degrees)</u>
187	1/2	4,954	1/2	10,392	3/4
350	1/2	5,120	1/4	10,780	3/4
700	3/4	5,386	3/4	11,180	3/4
950	1/2	5,600	1/4	11,240	3/4
1,125	1/2	5,670	1/4	11,575	3/4
1,345	1/2	6,070	1/2	11,935	3/4
2,480	1/2	6,459	1/4	12,395	1/2
2,770	3/4	6,863	3/4	12,740	3/4
2,956	3/4	7,264	1/2	12,865	1
3,248	3/4	7,666	1	13,244	1-3/4
3,514	1	8,100	1/4	13,401	2-1/4
3,761	1	8,500	3/4	13,525	2-1/4
3,948	3/4	8,929	1/4	13,593	2-1/2
4,178	1/4	9,240	1/2	13,635	2-1/2
4,457	1	9,650	1	13,847	3
4,647	1	9,950	3/4	14,122	3-1/2
				14,374 TD	4-1/4

I certify that the above information is true and complete to the best of my knowledge.

Ferry Colay

SUBSCRIBED and sworn to before me this 17th day of October, 1974

**KATHERINE L. MARLOW**  
My Commission Expires My Commission Expires

Katherine L. Marlow  
Notary Public in and for Midland  
County, Texas