

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

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

The Superior Oil Company

Address P. O. Box 3901, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Tresnor Federal	Well No. 1	State, Federal or Fee Federal	NM-14157
Pool Name, Including Formation Wildcat (Bone Spring)			
Location			
Unit Letter K	1980	Feet From The south	Line and 1980
Line of section 30	Township 23S	Range 32E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐		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			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 30	Twp. 23S
	Test tanks	Rge. 32E	
		Is gas actually connected?	When
		No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Rest. Lift. Res.
Designate Type of Completion - (X)								
Date Drilled	Date Complet. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (D.F., R.A.B., RT, CR, 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		(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)	
Oil Well			
Test 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

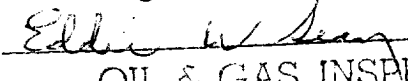
I. CERTIFICATE OF COMPLIANCE

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
(Title)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1982

BY  Eddie W. Dean
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 10.4.

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 allowables on new and recompleted wells.

FOR use only Sections I, II, III, and IV for changes of ownership or changes in the name of the operator.