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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-105
Effective 1-1-65

REVISED

Operator THE SUPERIOR OIL COMPANY Address P.O. Box 4500 The Woodlands, Texas 77380	
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 checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "L" Com.	Well No. 2	Pool Name, including Formation South Bell Lake (Morrow)	Kind of Lease State, Federal or Fee Fee	Lease No. NM-1287
Location Unit Letter K ; 1980 Feet From The South Line and 1800 Feet From The West Line of Section 18 Township 24-S Range 34-E , NMPM, Lea County				

III. 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) 823 Midland Tower Bldg. Midland, Texas 79701 ATTN: BOB JANCA					
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) P.O. Box 2521 Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 18	Twp. 24S	Rge. 34E	Is gas actually connected? Yes	When May 13, 1980

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded September 15, 1979	Date Compl. Ready to Prod. March 10, 1980		Total Depth 14,696		P.B.T.D. 14,576			
Elevations (DF, RKB, RT, GR, etc.) 3573 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14,400		Tubing Depth 13,770			
Perforations 14,401 - 446/OA					Depth Casing Shoe 14,696			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	608'	575 sxs
12-1/4"	10-3/4"	5,500'	1,275 sxs
9-7/8"	7-5/8"	12,800'	630 sxs
Liner 6-1/2"	5-1/2"	12,500 - 14,120'	215 sxs
Liner 4-1/2"	3-1/2"	13,781 - 14,698'	56 sxs

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 3287	Length of Test 24	Bbls. Condensate/MMCF 1.7	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2200	Casing Pressure (Shut-in) 0	Choke Size 16/64

VI. CERTIFICATE OF COMPLIANCE

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.

G. Bannantine

G. Bannantine (Signature)

Regulatory Group Manager (Title)

May 26, 1981

OIL CONSERVATION COMMISSION

APPROVED JUN 8 1981, 12

BY Jerry Seaton

TITLE SUPERVISOR DISTRICT

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 multiple well.