

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator

THE SUPERIOR OIL COMPANY

Address

P. O. Box 3901, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Oil

☐

Dry Gas

☐

Recompletion

☐

Casinghead Gas

☐

Condensate

☐

Change in Ownership

☐

Other (Please explain)

Well SI-No gas market.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Harden Tank Strawn R 7502 (5-1-84)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Olson Federal	1	Wildcat (Strawn)	State, Federal or Fee Federal	NM-150
Location				
Unit Letter		Feet From The	Line and	Feet From The
J		1980	South	1980 East
Line of Section	Township	Range	NMPM,	Lea
35	25S	34E		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Well SI-No market for gas		
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		No
		When

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 Restv.	Diff. R
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-25-81	2-14-83	15,950	14,750					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3728 GR	Strawn	14,445	14,112					
Perforations			Depth Casing Shoe					
14,445-14,458 and 14,270-14,280'			15,997					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	542'	1060
17 1/2"	13 3/8"	5,360	4540
12 1/2"	9 5/8"	12,895	860
8 1/2"	5 1/2" Liner	12,605 - 15,997'	845

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 of
able 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.)
2-3-83	2-16-83	Flowing
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
434	8	9	50°
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	7480	0	16/64"

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. E. Tate
(Signature)

Division Operations Superintendent

(Title)

January 27, 1984

(Date)

OIL CONSERVATION DIVISION

0011-1985

APPROVED _____, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT 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 deep
well, this form must be accompanied by a tabulation of the devils
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able 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 condi

Separate Forms C-104 must be filled for each pool in mul
compleated wells.

FEB 15 1984
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FEB 6 1984
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