

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Ochoa Federal	Well No. 1	Pool Name, Including Formation <b>UNDESIGNATED</b>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-26079
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>25S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 980, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	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 <u>G</u>	Sec. <u>15</u>	Twp. <u>25S</u>	Rge. <u>33E</u>	Is gas actually connected? Yes	When <u>3-4-83</u>

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 Res'v.	Fill. Res
			<input checked="" type="checkbox"/>					
Date Spudded <u>11-20-82</u>	Date Compl. Ready to Prod. <u>7-12-82</u>		Total Depth <u>16,335'</u>		P.B.T.D. <u>15,499'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3369' GR</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>15,082</u>		Tubing Depth <u>14,505</u>			
Perforations <u>15082-15236</u>					Depth Casing Shoe <u>16,334'</u>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>26"</u>	<u>20"</u>	<u>610'</u>	<u>1200</u>
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>4991'</u>	<u>4860</u>
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>12,607'</u>	<u>990</u>
<u>Liner 8 1/2 &amp; 6 1/2"</u>	<u>7 5/8 &amp; 5"</u>	<u>15,547 &amp; 16,332'</u>	<u>950 and 240</u>

## 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 <u>102</u>	Length of Test <u>3.75 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>NA</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>687</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>7/64"</u>

## 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

G. E. Tate

Division Operations Superintendent

(Title)

7-28-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 29 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED  
JUL 29 1983  
D.C.D.  
HOBBS OFFICE

# WILLBROS DRILLING, INC.



5502 WEST INDUSTRIAL STREET • MIDLAND, TEXAS 79703  
PHONE: (915) 697-3166

## INCLINATION REPORT

### OPERATOR:

The Superior Oil Company  
P.O. Box 3901  
Midland, Texas 79702

Attn: Mr. Bob True

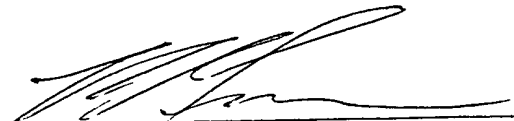
### LOCATION:

Ochoa Federal No. 1  
Lea County, New Mexico

DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES
235	3/4	8477	1 1/4	16,335	1
735	1/2	8977	2		
1050	1	9156	2 1/2		
1550	1	9498	3/4		
2050	1/2	9936	0		
2550	3/4	10,436	3/4		
3050	1	10,936	3/4		
3540	1	11,436	2 3/4		
4043	2	11,936	1 1/4		
4370	1 1/2	12,436	1 1/4		
4870	1	12,936	1 1/4		
5000	3/4	13,436	1 1/4		
5375	1	13,936	3/4		
5854	3/4	14,336	1 1/4		
6354	1/2	14,690	1 1/4		
6854	1	15,190	2		
7354	1	15,690	1		
7755	1	15,690	1 3/4		
7977	1/2	15,865	1 3/4		

COUNTY OF MIDLAND  
STATE OF TEXAS

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.

  
L.E. GRIMES, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 20th day of April 1982

  
Notary Public

My commission expires: March 7, 1984