

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PL. OF PRODUCTION	
DISTRIBUTION	
SANTA FE	
FILE	
NO. OF	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

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)

Need testing allowable to test well into pipe line.

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ochoa Federal	1	Wildcat (Morrow)	State, Federal or Fee Federal	NM-26079
Location				
Unit Letter	G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section	15	Township 25S	Range 33E	Lea

2. 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)	
None		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P.O. Box 2521, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	Yes	3-4-83

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (H.E., R.A.B., P.T., G.R., 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

4. 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 allowable for this depth or be for full 24 hours)

Date First Low 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 (prior, back pr.)	Tubing Pressure (LHUL-ID)	Casing Pressure (LHUL-ID)	Choke Size

5. 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

Area Production Superintendent

March 15, 1983

OIL CONSERVATION DIVISION

APPROVED

MAR 21 1983

BY

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 13.1.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the day tests taken on the well in accordance with RULE 13.1.

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 IV for changes of well name or number, or transporter, or other such change of record.

Separate Form C-104 must be filed for each well in recompleted wells.

RECEIVED
MAR 17 1983
S.C.D.
HOBBS OFFICE