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Operator District Office
Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JUL - 7 '94

O. C. D.
ARTESIA, NEW MEXICO

RICT II
Drawer DD, Artesia, NM 88210

RICT III
Rio Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ADCO, INC.	Well API No. 30-015-10045
Address P. O. Box 7288, Odessa, TX 79760	
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Completion ☐ Oil ☐ Dry Gas ☐ Surface to 3500' ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ Effective June 30, 1994 @ 11:59 pm	
Name of operator give name address of previous operator Fina Oil & Chemical Company, P. O. Box 10887, Midland, TX 79702	

DESCRIPTION OF WELL AND LEASE

Well Name Jones Federal	Well No. 1	Pool Name, including Formation Lusk Strawn	Kind of Lease State, Federal or Fee	Lease No. NM0107697
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Koch Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2256 Wichita, KANSAS 67201</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If 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'y	DIT Res'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Measurements					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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.)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth 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/MCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR 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.

Signature David D. Pickett
Printed Name David D. Pickett
Date 6-30-94
Title Spec
Telephone No. (95) 337-1976

OIL CONSERVATION DIVISION

Date Approved JUL - 8 1994
E. NOV 16 '94
T. SL ISOR, DISTRICT #

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by a tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleting wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.