

DISTRIBUTION		4
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 25 1974

I. Operator **O.C.C.**
Artesia Office
Address **Adobe Oil Company**
1100 Western United Life Bldg., Midland, Texas 79701
Reason(s) for filing (check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain) **To sell 200 bbls condensate produced while testing.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hannifin State	Well No. 1	Pool Name, Including Formation Wilcat - Morrow	Kind of Lease State, Federal or Fee State	Lease No. L-622 & K-4191
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 16 Township 19-S Range 31-E , NMPM, Eddy 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) Box 1183 Houston 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 16	Twp. 19-S	Rge. 31-E	Is gas actually connected? No	When Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Date Spudded 6/27/65	Date Compl. Ready to Prod. 10-18-74		Total Depth 12,575		P.B.T.D. 12,530'			
Elevations (DT, RKB, RT, GR, etc.) 3503 G1	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,719		Tubing Depth 12,993			
Perforations 11,719 to 12,225					Depth Casing Shoe 12,575			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		725		450			
11"	8-5/8"		3780		625 sxs			
7-7/8"	5-1/2"		12,575		500			
Production tubing 2-7/8"			11,993					

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 320	Length of Test Flow for several days to clean up	Bbls. Condensate/MMCF 40	Gravity of Condensate 70 @ 100°
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 2250	Casing Pressure (shut-in) 0-packer	Choke Size various

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.

John Sudalind
(Signature)
Drilling Superintendent
(Title)
October 22, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 29 1974**
BY **W. A. Gressett**
TITLE **OIL AND GAS INSPECTOR**

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 multiply