

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 23 1987
OIL CON. DIV.
DIST. 3

I.

Operator Adobe Resources Corporation	
Address 300 W. Texas, Suite 1100, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Original request to transport oil (gas request was mailed 8/4/87)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 22-6-32	Well No. 14	Pool Name, including Formation Gallup Undesignated	Kind of Lease State, Federal or Fee	Lease No. LG2962
Location Unit Letter N : 7700 Feet From The South Line and 2200 Feet From The West				
Line of Section 32 Township 22N Range 6W, NMPM, Sandoval 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)	
The Permian Corporation	P.O. Box 1183, Houston, Tx. 77002	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Independent Pipeline Corporation	P.O. Box 168, Farmington, NM. 87499	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32
	Twp. 22N	Rge. 6W
	Is gas actually connected?	When
	yes	May 15, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Michael C. Connelly
(Signature)
Michael C. Connelly, Engineer
(Title)
November 18, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT #23

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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 3/8/85	Date Compl. Ready to Prod. 5/4/85		Total Depth 4746		P.B.T.D. 4702				
Elevations (DF, RKB, RT, GR, etc.) 6843 GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 4570		Tubing Depth 4508				
Perforations 4570-78'; 4592-96'					Depth Casing Shoe 4702				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	9-5/8" 36#	172	80
8-3/4	7" 20 & 23#	4335	500
6 1/2	4 1/2" 10.5#	4701	100

V. 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 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 725	Length of Test 27 hrs.	Bbls. Condensate/MMCF trace	Gravity of Condensate 36
Testing Method (pilot, back pr.) Flowing to atmosphere	Tubing Pressure (Shut-in) 1100#	Casing Pressure (Shut-in) 0 (packer)	Choke Size 10-16/64"