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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-85

I. OPERATOR
 Operator: Adobe Resources Corporation
 Address: 1100 Western United Life Building, Midland, Texas 79701
 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): Effective November 1, 1985

If change of ownership give name and address of previous owner: Adobe Oil & Gas Corporation, 1100 Western United Life Building Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Hannah</u>	Well No.: <u>1</u>	Pool Name, including Formation: <u>Austin-Mississippian</u>	Kind of Lease: <u>State, Federal or Fee</u>	Fee: <u>Fee</u>	Lease No.:
Location: Unit Letter: <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section: <u>17</u> Township: <u>14S</u> Range: <u>36E</u> , NMPM, <u>Lea</u> 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"/> <u>The Permian Corporation Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent): <u>P.O. Box 3119, Midland, Tx. 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent): <u>Bldg. of the SW, Midland, Tx. 79701</u>
If well produces oil or liquids, give location of tanks: Unit: <u>H</u> Sec.: <u>17</u> Twp.: <u>14S</u> Rge.: <u>36E</u>	Is gas actually connected? <u>No</u> When:

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Bill Owens
 (Signature)
 Bill Owens, Vice President-Production
 (Title)
 12-16-1985
 (Date)

OIL CONSERVATION COMMISSION
FEB 14 1986
 APPROVED _____, 19____
 BY 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 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.