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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 1-1-65

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MAR 7 1967

I.

Operator		J. B. ADAMSON		O. O. S.	
Address		ARTESIA, OFFICE			
		P. O. Box 186, Loco Hills, New Mexico			
Reason(s) for filing (Check proper box)					
New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Change effective 3/1/67					

If change of ownership give name and address of previous owner

Castle and Wigzell, P. O. Box 868, Midland, Texas, 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gulf-State	1	Red Lake (GB)	State, Federal or Fee	State
Location				
Unit Letter	B	2310 Feet From The	East Line and	330 Feet From The
				North
Line of Section	22	Township	17S	Range
				28E , NMPM,
				Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation		Midland, Texas	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum		Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	B	22	17S
			Rge.
			28E
Is gas actually connected?	When		
Yes	9/4/60		

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 Rest ^{ty} .	Diff. Rest ^{ty} .
X								
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
1-17-59	2/24/59		2017	Open hole				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth				
	GB		1970	1965				
Perforations				Depth Casing Shoe				
Open hole				1970				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8		525		50			
8	5-1/2		1970		100			
	2		1965					

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 (pitot, 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.

J.B. Adamson
(Signature)
Owner
(Title)
2/21/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1967**, 19
BY **W.A. Gressett**
TITLE **OIL AND GAS LEASE**

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.