		. 1					
NO. OF COPIES RECEIVED			4				
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SANTA FE							
FILE	17	1					
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL	1					
	GAS						
OPERATOR	1						
PRORATION OFFICE							
Operator (B)							
James B. Adamson							
Address							
Rt. 1, Box 202-J,							
Reason(s) for filing (Check proper box)							
New Well							
Recompletion							
Character Community D							

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE /			AND	Effective 1-1-65	
	U.S.G.S.		AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS	
	LAND OFFICE					
	TRANSPORTER OIL			RECEIVED	•	
	OPERATOR /			REDEIVE		
1.	PRORATION OFFICE					
g.	Operator 15		V	0CT 6 1977 -		
	James B. Adamson	ı	•			
	Rt. 1, Box 202-J, Artesia, New Mexico			D. C. C. ARTESIA, OFFICE		
Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Recompletion		Change in Transporter of:			
	Change in Ownership		Oil Dry G Casinghead Gas Conde	ensate		
			Condition of the condit	enadre		
	If change of ownership give nam and address of previous owner _	ie M	laggie Suetta Cock	burn		
	and address of previous owner _					
IJ.	DESCRIPTION OF WELL AN	ND LEA	ASE.			
	Lease Name		Well No. Pool Name, Including	1	Lease No.	
	Peatherstone		2Y Square Lak	e Grayburg State, Fede	eral or Fee Federal	
	_	90	No set le	ne and 690 Feet Fro	West	
	Unit Letter D; 6	90	Feet From The North _Li	ne andFeet From	m The West	
	Line of Section 10	Townsh	nip 17S Range 2	9E , NMPM, Edd	y County	
					<u> </u>	
III.	DESIGNATION OF TRANSPO					
	Name of Authorized Transporter of	. / \		1	roved copy of this form is to be sent)	
	Texas New Mexico Name of Authorized Transporter of			Midland, Texas	roved copy of this form is to be sent)	
	Phillips Potroleu		-		Alakoma	
	Linit Sec. Two Pre-		Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	I	L 10 175 29E	Yes No	-3-1-1962	
	If this production is commingled	with th	hat from any other lease or pool,	give commingling order number:	,	
	COMPLETION DATA					
	Designate Type of Comple	etion —	- (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded		ite Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			• • • • • • • • • • • • • • • • • • • •			
	Elevations (DF, RKB, RT, GR, etc.	.j Na	me of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations				Depth Casing Shoe	
-	HOLE SIZE		CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
}	HOLL SIZE		CASING & TODING SIZE	0011111001	. JACKS CEMENT	
}						
ĺ						
	TEST DATA AND REQUEST	FOR A	ALLOWABLE (Test must be d	after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-	
ī	OIL WELL Date First New Oil Run To Tanks	Dat	te of Test	Producing Method (Flow, pump, gas	lift, etc.)	
1						
ŀ	Length of Test	Tul	bing Pressure	Casing Pressure	Choke Size	
					100 3	
	Actual Prod. During Test	011	l-Bbls.	Water-Bbls.	Gds-MCF	
l,						
GAS WELL						
٢	Actual Prod. Test-MCF/D	Ler	ngth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tub	bing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Ĺ						
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED 0017 1977 1977 19			
1	I hereby certify that the rules an Commission have been complied	id regul d with	lations of the Oil Conservation and that the information given	APPROVED TO THE TENT OF THE TE		
ì	above is true and complete to the best of my knowledge and belief.			BY W, Y, X SUSSECT		
				TITLE SUPERVISOR DISTRICT II		
Operator			nson	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		
)			
			·			
-	(Title) 10-6-77 (Date)					
_						
!				Separate Forms C-104 must be filed for each pool in multiply		

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