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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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DEC 30 1977

I. Operator
Adobe Oil & Gas Corporation
Address
1100 Western United Life Bldg. Midland, TX 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Adobe Oil Company 1100 Western United Life Bldg., Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hanifin State Com.	1	Lusk Morrow West (Gas)	State, Federal or Fee State	L622K4191
Location				
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East				
Line of Section 16 Township 19S Range 31E, 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)
The Permian Corporation	Box 1183 Houston, Texas 77001
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)
Continental Oil Company	Box 2197 Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit: Sec. Twp. Rge. Is gas actually connected? When
P 16 19S 31E	Yes 6-12-75

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)

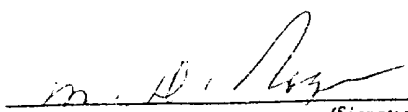
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.


(Signature)

Vice President
(Title)

January 2, 1978
(Date)

OIL CONSERVATION COMMISSION

JAN 9 1978

APPROVED _____, 19

BY 
SUPERVISOR, DISTRICT II

TITLE

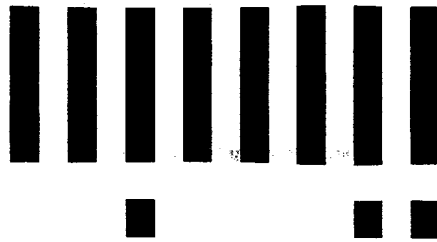
This form is to be filed in compliance with RULE 1104.

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 filled for each pool in multi-



LTR



Job separation sheet

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NOV 11 1974

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TRANSPORTER	OIL		
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I. Operator
Adobe Oil Company
Address
1100 Western United Life Bldg., 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Hannifin State Com. Well No.: 1 Pool Name, including Formation: Wildcat (Upper Morrow) Kind of Lease: State, Federal or Fee State Lease No.: L622 K4191
Location
Unit Letter: P; 660 Feet From The south Line and 660 Feet From The east
Line of Section: 16 Township: 19S Range: 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Continental Oil Company Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit: P Sec.: 16 Twp.: 19S Rge.: 31E Is gas actually connected? No When: 60 days 6-10-74

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.
		X	X		X			X
Date Spudded: 6/2/74	Date Compl. Ready to Prod.: 10/18/74	Total Depth: 12,575'	P.B.T.D.: 12,530					
Elevations (DE, RKB, RT, GR, etc.): 3503' Gr.	Name of Producing Formation: Upper Morrow	Top Oil/Gas Pay: 11,719	Tubing Depth: 11,993					
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 SXS					
11"	8-5/8	3,780	625 SXS					
7-7/8"	5-1/2	12,575	500 SXS					
	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: CAO 572	Length of Test: 4 hours	B'lg. Condensate/MMCF: 1.7	Gravity of Condensate: 64.9
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in): 1023	Casing Pressure (Shut-in): -0-	Choke Size: 9/64, 10/64, 12/64, 18/64

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.

OIL CONSERVATION COMMISSION

JUN 20 1975

APPROVED BY: W.A. Gressett, 19

TITLE: SUPERVISOR, DISTRICT II

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.

Vice President

November 8, 1974