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DISTRIBUTION		I	
SANTA FE		1	
FILE			L-:
U.S.G.S.		<u> </u>	
LAND OFFICE			
THANSPORTER	OIL	1	
	GAS	į į	
OPERATOR			ļ
PRORATION OFFICE			1

NEW MEXICO OIL CONSERVATION COEMISSION

Form C-104

SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-17 Effective 1-1-65		
FILE /	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE	NOTHORIZATION TO TR	74(0) 5(() 6(2 / 4.15 (1) / 4.15 (1) / 4.15			
TRANSPORTER OIL /		F	RECEIVED		
OPERATOR		JAN 1 6 1976			
Ocurator	patwright Company, Inc.		0.6.6		
Address			ARTESIA, OFFICE		
	cional Bank Bldg., Midlan				
Reason(s) for filing (Check proper bo		Other (Please explain)	•		
Now Well	Change in Transporter of: Oil Dry C	Gas 🗍			
Recompletion Change in Owner hip	~" <u>~</u>	ensate			
Change In Owner Imp					
f change of ownership give name and address of previous owner	Adobe Oil Company, 110	00 Western United Life B	ldg., Midland, Tx. 79701		
DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Lea	Leane No.		
Lease Name Smith Federal	1 Rock Tank	Morrow State, Feder	ral or Fee Fed 0303836		
Smith rederal	T TROCK TOTAL				
Unit Letter G : 20	003 Feet From The North L	ine and 1836 Feet From	The East		
	ownship 23S Range		Eddy County		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	Address (Give address to which app	roved copy of this form is to be sent)		
The Permian Corporat	tion	Box 1183, Houston, Te	xas 7700 1		
Same of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
Transwestern Pipelin		P. O. Box 2521, Houst	on, Texas 77001		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	15 903 0010011	/hen		
give location of tanks.	G 1 14 23S 24E	Yes	1/5/73		
f this production is commingled w	with that from any other lease or poo	l, give commingling order number:			
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Rest		
Designate Type of Complet					
Date Spudded	Date Compl. Ready to Prod.	Tetal Depth	P.B.T.D.		
8/12/72	10/21/72	10,315'	10,231'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth 10,045'		
3890.1'	U & L MORROW	9070	Depth Casing Shoe		
Perferations	ow, 10,182-10,210 Lower	MolTow	10,315		
9074-9696 opper norm	THRING CASING A	ND CEMENTING RECORD			
1101 E S17 E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	8-5/8' OD	2800'	950 sxs		
7-7/8"	5-1/2"	10,315'	250 sxs		
	2-7/8" Tbg	10,045'			
			il demands and to accept to all		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load of depth or be for full 24 hours)	all and must be equal to or exceed top allo		
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Bate rirst New Cir Hair 10 1 and					
Length of Test	Tubing Pressure	Casing Pressure	Cheke Size		
Actual Prod. During Test	O11-Bble.	Water - Bbls.	Gas-MCF		
GAG WELL					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Watwood (https://pack.html			TION COMMISSION		
CERTIFICATE OF COMPLIA	ANCE	13	VATION COMMISSION		
		APPROVED JAN 211	976, 19		
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.		on 110 h	110 hannest		
			BYSUPERVISOR, DISTRICT, II		
BOOTS AS NOT THE TOPPE OF		TITLE			
		11	in compliance with RULE 1104.		
mont.	Willett f	This form is to be filed	lowable for a newly drilled or deepen		
- / 1/ / / / / / / / / / / / / / / / / /	16V 1 11XV 11	- II II III IE E teduser in e.			

(Title)

well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for silow-