

DISTRIBUTION	
SANITARY	
FILE	1
U.S.A.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED
MAY 3 1973

Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Adobe Oil Company		O.C.C. ARTESIA OFFICE	
Address 601 Gihls Tower East, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

Lease Name Smith Federal		Well No. 2	Pool Name, including Formation Rock Tank (Lower Morrow)		Kind of Lease State, Federal or Fee Federal	Lease No. NM-0303836
Location Unit Letter <u>P</u> <u>330</u> Feet From The <u>east</u> Line and <u>660</u> Feet From The <u>south</u>						
Line of Section <u>11</u> Township <u>23-S</u> Range <u>24-E</u> , NMPM, <u>Eddy</u> County						

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)					
Transwestern Pipeline Company	Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 23S	Age. 24E	Is gas actually connected? <u>No</u>	When <u>6-20-73</u> Within 30 days

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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					
Date Spudded 1/28/73	Date Compl. Ready to Prod. 4/16/73	Total Depth 10,300'		P.B.T.D. 10,246'				
Elevations (DF, RKB, RT, GR, etc.) 3873.1 Gr.	Name of Producing Formation Lower Morrow	Top Oil/Gas Pay 10,185		Tubing Depth 10,097				
Perforations 10,185-10,225				Depth Casing Shoe 10,300				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/4" x 11"		8-5/8"		2600'		1050 SXS		
7-7/8"		5-1/2"		10,300'		150 SXS		
		2-7/8" tubing		10,097'				

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 - <u>ratable take factor of 0.470 as per R-4456</u>			
Actual Prod. Test-MCF/D 1600	Length of Test 24	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr., back pressure)	Tubing Pressure (Shut-in) 1619	Casing Pressure (Shut-in) 2885	Choke Size 32/64"

I. 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.	
<u>M. R. Roy</u> (Signature)	
Vice President (Title)	
5/1/73 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>JUL 9 1973</u> , 19	
BY <u>W. A. Gussitt</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	
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 transportation or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	