

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 30 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Adams Exploration Company ✓Address  
P. O. Box 10585, Midland, Texas 79702

Person(s) for filing (Check proper box)

New Well ☒  
Recompletion ☒  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Ann Com	Well No. 1	Pool Name, Including Formation <del>Wildcat Strawn</del> <i>Strawn Atoka</i>	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>G</u> : <u>1655</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>24-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> Count,				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15
	Twp. 24-S	Rge. 28-E
	Is gas actually connected? Yes	
	When <u>7-17-81</u> <del>10-9-80</del>	

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'
		X	X			X		X
Date Spudded 11-5-79	Date Compl. Ready to Prod. <del>8-15-80</del> <u>7-18-81</u>		Total Depth 12,710'		P.B.T.D. 11,450'			
Elevations (DF, RKB, RT, GR, etc.) 3022 KB	Name of Producing Formation <i>Strawn Atoka</i>		Top Oil/Gas Pay 11,396'		Tubing Depth 11,105'			
Perforations 11,396-11,400' <i>Atoka</i> <i>Strawn</i> (Upper) (10 holes)					Depth Casing Shoe 12,709'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	598	600
12 1/4"	9 5/8"	7022	3900
12 1/4"	7 5/8"	9800	1850
6 1/2"	5	12,709	400
	2 3/8" FBG	10,917	

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 240	Length of Test 24 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Gas Sales Meter	Tubing Pressure (Shut-in) 4210	Casing Pressure (Shut-in) -0-	Choke Size 7/64"

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*D.C. Helm*  
(Signature)

D.C. Helm Operations Manager

(Title)

July 28, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 04 1981, 19BY *W.A. Gussert*

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1101.

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 Form O-104 must be filed for each pool in multi-