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LAND OFFICE	
TRANSPORTER	OIL ☒
	GAS ☒
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-101
Supersedes Old C-101 and
Effective 1-1-85

RECORDATION TO TRANSPORT OIL AND NATURAL GAS

MAY 08 1986

O. C. D.

ARTESIA, OFFICE

Operator
Adobe Resources Corporation

Address
1100 Western United Life Building, 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)

Change in ownership
Effective 5/1/86

If change of ownership give name and address of previous owner Earle M. Craig, Jr. Corporation, P.O. Box 1351, Midland, Tx.

79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Spitfire "19"	90701	Phantom Draw Wolfcamp Gas	State, Federal or Fee	Fed. 0459862A
Location				
Unit Letter	H	1970 Feet From The	North Line and	670 Feet From The
Line of Section	19	Township	26-S	Range
			31-E	N.M.P.M.
			Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	P.O. Box 2239, Wichita, KS. 67201
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Gathering Systems, Inc.	1100 Western United Life Bldg. Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
H 19 26S 31E	Yes 10/11/85

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'n.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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			
					Port ID-3			
					5-16-86			
					Chg GP			

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 testable 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/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Bill Owens, Engineer

5/1/86

OIL CONSERVATION COMMISSION

MAY 12 1986

APPROVED

Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for a