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TRANSPORTER GAS	✓	
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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
Effective 1-1-65

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O. C. D.
ARTESIA, OFFICE

I. Operator: Adobe Resources Corporation

Address: 1100 Western United Life Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [XX]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Ownership Change 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 "18"	1	~~Undes.~~ Phantom Draw Wolfcamp Gas	State, Federal or Fee Fed.	043800

Location: Unit Letter P : 660 Feet From The East Line and 660 Feet From The South

Line of Section 18 Township 26-S Range 31-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	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 [X]	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
	P	18	26S	31E	yes	3/7/86

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
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/5/85	3/7/86	13,056'	12,991'
Elevations (DF, RKB, RT, GR, etc.,	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3199.2 GR	Wolfcamp	12,490'	12,276'
Perforations			**Depth Casing Shoe**
12,882-12,904' (12 holes)			13,056'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	959	800
12¼"	9-5/8"	3870	1850
8-3/4"	7"	12,189	1800
6-1/8"	4½"	13,056	325

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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
158.0	24 hrs.	0	--
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pr.	8700 psig	pkr.	20/64"

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.

Bill Owens
(Signature)
Bill Owens, Engineer 5/1/86
(Title) (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1986, 19

BY Original Signed By
Les A. Clements

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.