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	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 4 1981

O. C. D.
ARTESIA, OFFICE

I. Operator
J.B. Adamson ✓
Address
Rt.1, Box 202-J, Artesia, New Mexico 88210
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)
Re-entry

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Delhi "B" State	Well No. 1	Pool Name, Including Formation Red Lake, QGSA	Kind of Lease State, Federal or Fee State	Lease No. B-4575
Location Unit Letter M ; 800 Feet From The South Line and 800 Feet From The West Line of Section 28 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mex. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 1157 Adams Bldg. Bartlesville, Okla. 74003	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28
	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes	
	When 1-1-80	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded March 26, 1975	Date Compl. Ready to Prod. 1-1-81	Total Depth 10746	P.B.T.D. 2024					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Premier	Top Oil/Gas Pay 1922	Tubing Depth 1900					
Perforations 1922-1936	Depth Casing Shoe 3630							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	9 5/8"	13 3/8"	1850	599	Circulated 800 600			
77/8 12 1/4"	4 1/2"	9 5/8"	1894		sacks (class C) 500			
7 7/8"		4 1/2"	3630		800			
		3 3/8"	1900					

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-1-81	Date of Test 1-1-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 15-16 Pounds	Casing Pressure 100	Choke Size 2"
Actual Prod. During Test 4 bbls. oil	Oil - Bbls. 4 bbls.	Water - Bbls. None	Gas - MCF 100 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

J.B. Adamson
(Signature)
Owner-Operator
(Title)
5-1-81
(Date)

OIL CONSERVATION COMMISSION
MAY 0 4 1981
APPROVED
BY **W.A. Gressitt**
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.
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 Forms C-104 must be filed for each pool in multiply completed wells.