

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

Adams Exploration Company

Address
410 W. Ohio, Suite 202, 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)

If change of ownership give name
and address of previous owner

Benchmark Oil Co.
~~Agar & Agar, Inc.~~, 410 W. Ohio, Suite 202, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wright	Well No. 1-Y	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Free Free	Lease No.
Location Unit Letter I : 660 Feet From The East Line and 1880 Feet From The South Line of Section 30 Township 9 South Range 33 E , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navaho Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 882	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 30
	Twp. 9S	Rge. 33E
	Is gas actually connected? No When	

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't's ☐	Diff. Res't's ☐
Date Spudded 8-7-78	Date Compl. Ready to Prod. 8-25-78		Total Depth 4500'		P.B.T.D. 4450'			
Elevations (DF, RKB, RT, CR, etc.) 4375 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4329		Tubing Depth 4430			
Perforations 4329-31; 4339-45; 4349-53 4375-80 4384-89 4404-08					Depth Casing Shoe 4500			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7-7/8	CASING & TUBING SIZE 8-5/8 4 1/2		DEPTH SET 525 4500		SACKS CEMENT 275 500 1st stage, 65 sx 2nd stage DV T @2086 circ cmt to surface			

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-19-78	Date of Test 9-19-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size 2"
Actual Prod. During Test 122	Oil-Bbls. 27	Water-Bbls. 95	Gas-MCF 430

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. T. Berry
J. T. Berry
(Signature)
Operations Manager
(Title)

July 16, 1979
(Date)

OIL CONSERVATION DIVISION

SEP 11 1979

APPROVED _____, 1979

BY **Orig. Signed by**
Jerry Sexton
TITLE **Dist. 1, Sup.**

This form is to be filed in compliance with N.M.S. 7-2-1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with N.M.S. 7-2-1.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, P, III, and VI for changes of well name, or location, or transporter, or other such change of record.
Sections I and C must be filled for each pool being recompleted.