

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator Adams Exploration Company	
Address Box 10585, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> XK	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hooper	Well No. 1	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee	Fee	Lease No. N/A
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>10</u> T. wnship <u>8-S</u> Range <u>32-E</u> , NMPM, <u>Chaves</u> 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 G	Sec. 10
	Twp. 8-S	Rge. 32-E
	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 <input checked="" type="checkbox"/> X	Gas Well	New Well <input checked="" type="checkbox"/> X	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 3-27-81	Date Compl. Ready to Prod. 5-14-81	Total Depth 4338'	P.B.T.D. 4330'					
Elevations (DF, RKB, RT, GR, etc.) 4479.9' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4170'	Tubing Depth 4284'					
Perforations 4175-4248' (total 18 holes)	Depth Casing Shoe 4400'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1810'	600 sx Western Lt Wt +
			200 sx Class-C
7 7/8"	4 1/2"	4338'	400 sx 50:50 Poz

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)

Date First New Oil Run To Tanks 5-15-81	Date of Test 8-24-81	Producing Method (Flow, pump, gas lift, etc.) Pmpg 2" x 1 1/4" Insert	
Length of Test 24	Tubing Pressure -----	Casing Pressure 20	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 30	Gas-MCF 2.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 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)
8-25-81
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 2 1981, 19____
BY Jerry Sexten
TITLE Dist. & Supv.

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 deviated 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 multiple completion.