

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Adobe Oil & Gas Corporation		
Address 1100 Western United Life Bldg., Midland, TX 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <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 State "16"	Well No. 1	Pool Name, Including Formation Austin-Mississippian	Kind of Lease State, Federal or Fee	State	Lease No. L-6881
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>west</u> Line and <u>990</u> Feet From The <u>south</u>					
Line of Section <u>16</u> Township <u>14-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bldg. of the SW, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16	Twp. 14-S	Rge. 36-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2/18/78	Date Compl. Ready to Prod. 4/29/78	Total Depth 13,770		P.B.T.D. 13,687				
Elevations (DF, RKB, RT, GR, etc.) 3947 GLM	Name of Producing Formation Mississippian		Top Oil/Gas Pay 13,199		Tubing Depth 13,067			
Perforations 13,199, 13,201, 205, 207, 218, 239, 240, 242, 245, 248, 250, 253,			257, 259, 261		Depth Casing Shoe 13,770			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		368		450			
12-1/4	8-5/8		4663		1950			
7-7/8	5-1/2		13,770		1600			
	2-3/8		13,067		-			

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	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
CAOF=13,177 max rate 2021	1 hr	25.44	54.7
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	3200	pkc	variable

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.

M. D. Rogers
M. D. Rogers (Signature)
Vice President (Title)
April 9, 1979 (Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

MAV 7 1979, 19____
John W. Runyan
Geologist

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.

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OIL CONSERVATION COMM.
HOBBS, N. M.

WELL NAME AND NUMBER State "16" No. 1

LOCATION 990/S 660/W Section 16, T14S, R36E, Lea County, New Mexico
(New Mexico give U.S.T&R: Texas give S, BLK, SURV. and TWP)

OPERATOR Adobe Oil Corporation

DRILLING CONTRACTOR MORANCO

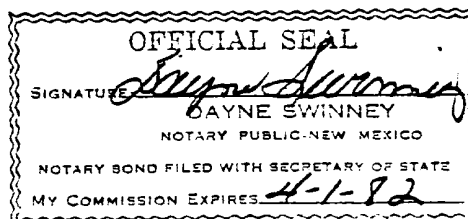
The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees and Depth	Degrees and Depth	Degrees and Depth	Degrees and Depth
1/4 158	1/4 4663	1/4 9198	1 1/4 13,770
-0- 368	1/4 4980	1/4 9639	
1/4 710	1/2 5499	1/2 10,111	
1/4 1210	3/4 5985	3/4 10,640	
1/2 1748	1 6450	1 1/4 10,966	
3/4 2182	1/2 6819	1 1/4 11,377	
3/4 2370	1 6858	1 1/4 11,793	
1/2 2850	1/2 7284	2 12,215	
1/2 3320	3/4 7760	2 12,728	
1/2 3658	3/4 8129	2 1/4 13,105	
3/4 3989	1/2 8506	3/4 13,310	
1/2 4370	3/4 8947	3/4 13,479	

Drilling Contractor MORANCO

By Jerry Gilbert
Jerry Gilbert, Drilling Engineer

Subscribed and sworn to before me this 13th day of April 19 78



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WASHINGTON, D. C.