exson(s) for Filing (Check proper box) ew Well	State of New Energy, Minerals and Natural OIL CONSERVAT P.O. Box Santa Fe, New Mexi REQUEST FOR ALLOWABL TO TRANSPORT OIL A Sources, Inc. te 1330, Midland, Texas Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Resources Department ION DIVISION 2088 co 87504-2088 E AND AUTHORIZATI ND NATURAL GAS	Weil API No. 30-	025-26142	
change of operator give name Adob	e Resources Corp., 300 M	Effective May			
. DESCRIPTION OF WELL A					
case Name	Well No. Pool Name, Including	Formation	Kind of Lea	se Leave No.	
Hannah	1 Austin Mis	sissippian	State, Federa		
Julie Lense H	1980 No	orth 660			
Unit Letter	: Feet From The	Line and 660	Feet Fro	om The <u>East</u> Line	
Section 17 Township	14S Range 36E	NMPM,	Lea	County	
II. DESIGNATION OF TRAN	SPORTER OF OIL AND NATUR				
Name of Authonzed Transporter of Oil	Or Condensale	Address (Give address to which	approved copy	of this form is to be sent)	
Lantern Let					
El Paso Natural Gas	head Gas 🔄 or Dry Gas 🕅	Address (Give address to which	approved copy	of this form is to be sent)	
If well produces oil or liquids,	Uait Sec. Twp. Rge.	is gas actually connected?	When 7		
tive location of tanks.	H 17 14S 36E	Unk			
Designate Type of Completion Date Spudded	- (X)	New Well Workover Total Depth		ug Back Same Res'v Diff Res'v B.T.D.	
Elevaluons (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations Depth Casing Shoe					
		CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		l_	····	
OIL WELL (Test must be after	recovery of total volume of load oil and mus				
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	ip, gas lift, etc.,)	
Length of Test	Tubing Pressure	Casing Pressure		hoke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis		Gas- MCF	
GAS WELL	Leaguh of Test	Bbis Condensate/MMCF			
				Gravity of Condensate	
Tesung Method (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m Signature <u>Terry McCullough</u> , Pristed Name	Date Approved	OIL CONSERVATION DIVISION JUN 0 2'92 By			
April 1, 1992	915/687-3551 Telephone No.				

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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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