40. OF COPIES REC	EIVED	1	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

1	DISTRIBUTION	·				
	SANTA FE		ONSERVATION COMMISSION	Form C-104		
	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65			
1			AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	IRANSPORTER OIL					
	GAS .					
	OPERATOR					
•	PRORATION OFFICE					
•	Operator					
	Adobe Oil & Gas Corpor	ation				
	Address					
	1100 Western United Li	fe Bldg., Midland, TX 7	79701			
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Otl Dry Ga	=			
	Change In C. ership	Casinghead Gas Canden	isate L			
	Total					
	If change or ownership give name and address of previous owner					
II.	. DESCRIPTION OF WELL AND LEASE					
	Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	State "%" /6"	2 Austin-Mississ	sippian R-62// State, Federal	or Fee state L-6881		
	Location			· · · · · · · · · · · · · · · · · · ·		
)		L. Wort		
	Unit Letter <u>F</u> : <u>1980</u>	Feet From The <u>HOFTH</u> Lin	e and 1980 Feet From T	we west		
			36-E . NMPM. I	æa County		
	Line of Section 16 Tow	mship 14-S Range	36-E , NMPM, 1	County County		
			_			
П.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	ed com of this form is to be seen		
·	Name of Authorized Transporter of Oil		Address (Give address to which approve			
	The Permian Corporation		P. O. Box 3119, Midland			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is						
	El Paso Natural Gas Co	mpany	Bldg. of the Southwest,	Midland, TX 79701		
		Unit Sec. Twp. P.ge.	Is gas actually connected? When	n		
	If well produces oil or liquids, give location of tanks.	F 16 14-S 36-#	yes	9/10/79		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	i			
		h that from any other lease or pool,	give commingling order number:			
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completio	(V)	1 1			
		ı ,	X 1	DR TO		
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
	6/1/79	- 9/11/79	13,878	13,821		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3963 KB	Mississippian	13,266	12,953		
	Perforations 296,		13,373' (15 holes)			
13,288, 289, 295, 13,304, 308, 319, 323, 324, 329, 347, 357, 358, 364, 13,878		13,878				
TUBING, CASING, AND CEMENTING RECORD						
	101 5 6135	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE		389	425 sx Cl C-circ		
	17-1/2	13-3/8	4675	2000 sx Lite + 200 sx (
	11	8-5/8	4073	(circ)		
			12070			
	7-7/8	5-1/2	13878	1750 sx Cl H 50/50 poz		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow		
• •	OIL WELL	able for this de	per or de jor just 24 nous sy			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)		
				1000		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Zongm or 1 and	·				
	l Bard Barra March	Oil - Bbis.	Water - Bbis.	Gas-MCF		
	Actual Prod. During Test	J				
		<u> </u>				
	GAS WELL		Tava a	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF			
	1125	24 hrs	33.9	53.4		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	flow into sales line	3950	pkr	8/64"		
•			· · · · · · · · · · · · · · · · · · ·	TION COMMISSION		
/1.	CERTIFICATE OF COMPLIANCE	- E	· A February	i di		
			APPROVED , 19			
	I hereby certify that the rules and r	egulations 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.		BY Jung Surface				
	2		TITLE This form is to be filed in compliance with RULE 1104.			
2 10. Know		This form is to be filed in compliance with RULE 1104.				
	M. D. Rogers (Signature)		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.			
	Vice Pre	sident	All sections of this form mu	it be filled out completely for allow		
9/13/79 (Title) abin on semi-sent completed				11-		
	4/13//4					

SEP 1 A TO. . . OFFICE