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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-134  
Supersedes Old C-104 and C-1  
Effective 1-1-65

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 checked="" 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 "32"	Well No. 1	Pool Name, including Formation Maljamar (Cisco)	Kind of Lease State, Federal or Fee State	Lease No. L-3670
Location Unit Letter K : 1980 Feet From The south Line and 1980 Feet From The west				
Line of Section 32 Township 16-S Range 33-E, NMPM, Lea 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"/> The Permian Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	Twp. 16-S	Rge. 33-E	Is gas actually connected? yes	When 3/9/79

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"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/6/78	Date Compl. Ready to Prod. 11/11/78	Total Depth 11,750		P.B.T.D. 11,703				
Elevations (DF, RKB, RT, GR, etc.) 4238 RKB	Name of Producing Formation Cisco		Top Oil/Gas Pay 10,409		Tubing Depth 11,587			
Perforations 47 perfs from 10,409 to 11,616'					Depth Casing Shoe 11,750			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		1001		772			
11	8-5/8		4410		500			
7-7/8	5-1/2		11750		1300			

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 11-11-78	Date of Test 11-18-78	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 35	Casing Pressure 35	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 192	Water - Bbls. 1	Gas - MCF 210

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 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  
(Signature)  
Vice President

(Title)

May 29, 1979

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1979, 19

BY Jerry Sexton  
TITLE Dist. 1, 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 deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on newly completed wells.