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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

I. Operator
Adobe Oil & Gas Corporation
Address
1100 Western United Life Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
OIL AND GAS MUST NOT BE
FLARED AFTER 1/1/86
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "5"	Well No. 1	Pool Name, Including Formation Morton (Undesignated Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. LG9178 V-1441
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 5 Township 15-S Range 35-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 1183, Houston, Tx. 77001					
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 M	Sec. 5	Twp. 15S	Rge. 35E	Is gas actually connected? No	When N/A

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/26/85	Date Compl. Ready to Prod. 10/24/85	Total Depth 10,700	P.B.T.D. 10,540					
Elevations (DF, RKB, RT, GR, etc.) 4032' GR	Name of Producing Formation L. Wolfcamp	Top Oil/Gas Pay 10,522'	Tubing Depth 10,495'					
Perforations 10,522-10,532'	Depth Casing Shoe 10,700							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	468	450					
12-1/4	9-5/8	4640	2700					
7-7/8	5-1/2	10,700	1120					
	2-3/8	10,495						

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 10/24/85	Date of Test 10/29/85	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 20	Choke Size ---
Actual Prod. During Test 25 BO + 63 BW + 20 MCF	Oil-Bble. 25	Water-Bble. 63	Gas-MCF 20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Bill Owens
(Signature)
Bill Owens, V.P. Production
(Title)

OIL CONSERVATION COMMISSION
APPROVED NOV 22 1985, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

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HOBBS OFFICE