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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
**RECEIVED**  
MAR 14 1989  
OIL CONSERVATION DIVISION  
SANTA FE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Adobe Resources Corporation	Well API No.
Address 300 West Texas, Suite 1100, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective March 1, 1989
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Cheniere Petroleum Corporation, 300 W. Texas, Suite 1100 Midland, TX 79701	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Williams	Well No. 2	Pool Name, Including Formation E. Bishop Canyon (San Andres)	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>18S</u> Range <u>38E</u> , NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) 424 Home Sav. Bldg, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>11</u>	Twp. <u>18S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u>	When? <u>6/01/82</u>
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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 Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. D. Rogers  
Signature  
Rogers Sr. Vice President  
Printed Name  
3-9-1989  
Date  
915/683-4701  
Telephone No.

**OIL CONSERVATION DIVISION**  
**MAR 16 1989**  
Date Approved  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

- 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.

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