## NEW MEAILS OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Adobe Oil Company Address Reason(s) for filing (Check proper box) Midland, Texas 79701 er (Please explain) New Well Change in Transporter of: Make change in operator effective: Recompletion Oil Dry Gas 9/1/75 Change in Ownership Condensate Casinghead Gas If change of ownership give name and address of previous owner \_\_Macdonald\_Oil\_Corporation, Box 1812,\_ Midland, TX 79701 II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Amerada Hardin South Knowles Devonian Fee Location R \_; \_\_660 \_ Feet From The North \_Line and \_\_1980 \_ Feet From The East Range 38-E Line of Section 24 Township 17-S , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. or Condensate Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gus Address (Give address to which approved copy of this form is to be sent) or Dry Gas Phillips Petroleum Company Phillips Bldg. Odessa, Texas 79760 If well produces oil or liquids, give location of tanks. *7/4/*61 R 24 17-S 38-E If this production is commingled with that from any other lease or pool, give commingling order number: No IV. COMPLETION DATA Oil Well Gas Well Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Water - Bbls. Actual Prod. During Test Oil - Bbls. Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE MUU 21 10/5 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given BY.

8/15/75

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(Date)

This form is to be filed in compliance with RULE 1104.

TITLE \_

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.

Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.