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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-
Effective 1-1-85

I.

Operator
Adobe Resources Corporation

Address
1100 Western United Life Building, Midland, Tx. 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Cancel Blinby allow

Lease Name Gulf Mattern	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>30</u> Township <u>21S</u> Range <u>37E</u> , 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"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK. 74101					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 8/29/63

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	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
	X			X				X
Date Spudded 5/27/63	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Workover 12/30/85	1/20/86	6722		6485				
Elevations (DF, RKB, RT, GR, etc.), D.F. 3496	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6578		Tubing Depth 6592				
Perforations 6578, 82, 89, 98, 99, 6600, 01, 03, 04, 20, 33, 40, 44				Depth Casing Shoe 6722				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		318		350			
12 1/2	9-5/8		3800		300			
8-3/4	7		6722		400			

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 2/7/86	Date of Test 2/17/86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 30	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 63	Water - Bbls. 102	Gas - MCF 105

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.

Bill Owens

(Signature)

Bill Owens, V.P. Production

(Title)

OIL CONSERVATION COMMISSION

APPROVED **FEB 24 1986**, 19

BY **Eddie W. Seay**
Oil & Gas Inspector

TITLE
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 or recompleted wells.

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FEB 24 1986
C. C. D.
HOBBS OFFICE