	0. DF CHPIES ALCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER OIL GAS OPERATOR PROBATION OF FICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C+104 Supercedes Old C+104 and C+1 Effective 1-1+65 GAS			
Į.	PROBATION OFFICE Operator Adobe Oil & Gas Corporation						
	Reason(s) for filing (Check proper bo: New Well XX Recompletion Change in Ox ership	Life Bldg., Midland, TX */ Change in Transporter of: Oil Dry Go Casinghead Gas Conde	an Other (Please explain)				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Lease No.			
	Location			recetal jum 17232			
	Unit Letter;66	U Feet From The SOuth Lir	ne and 723 Feet From 1	rhe West			
	Line of Section 23 To	ownship 20-S Range 3	8-Е , ммрм, Lea	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which approv	ved copy of this form is to be sent)			
	The Permian Corporation		P. O. Box 3119 Midland. TX 79701				
	Name of Authorized Transporter of Casinghead Gas 🖄 or Dry Gas 🗔 El Paso Natural Gas Co.			Address (Give address to which approved copy of this form is to be sent) Bldg. of the Southwest Midland, TX 79701			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n			
		<u>M</u> 23 20S 38E		4/23/78			
IV.	COMPLETION DATA Designate Type of Completi	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Date Spuddod	On (A) X L Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	2/26/78	• 4/2/78	6855	6450			
	Elevations (DF, RKB, RT, GR, etc.) 3562.5 GLM	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5920	Tubing Depth 6386			
	Perforations		**************************************	Depth Casing Shoe			
		TUBING, CASING, ANI	D CEMENTING RECORD	6855			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	<u>12-1/4</u> 8-3/4	8-5/8	<u>1572</u> 6855	800 sx (cement circ) 900 sx Top @ 2850'			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	(, esc.)			
	4/2/78 Length of Teet	4/26/78 Tubing Pressure	pumping Casing Pressure	Choke Size			
	24	-		-			
	Actual Prod. During Test 203 BF	011-Bbls. 87	Water - Bble.	Gas-MCF 585			
ļ							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Nethod (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
	t hereby passify that the sular and .	regulations of the Oil Conservation	APPROVED	, 19			
	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.		BY TITLE				
	α β β		TITLE SUFFERINGLAS CARINALIS				
	Carl Bund		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despende				
	Dist. Prod. Mgr.		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-				
	May 4 1079 (76	([+]	All sections of this form mus	t be filled out completely for allow-			

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