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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-1
Effective 1-1-65

I. Operator
Adobe Oil & Gas Corporation

Address
1100 Western United Life Bldg., 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

Lessee Name Linda Federal	Well No. 5	Pool Name, Including Formation Warren Tubb	Kind of Lease State, Federal or Fee Fed.	Lease No. NML7252
Location Unit Letter <u>M</u> / <u>660</u> Feet From The <u>south</u> Line and <u>723</u> Feet From The <u>west</u> Line of Section <u>23</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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 3119, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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, give location of tanks.	Unit N	Sec. 23	Twp. 20-S	Rge. 38-E
Is gas actually connected?		When		
YES		9-23-78		

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 8-10-78	Date Compl. Ready to Prod. 9-12-78		Total Depth 6855		P.B.T.D. 6794			
Elevations (DF, RKB, RT, GR, etc.) 3566 Gr	Name of Producing Formation Tubb		Top Oil/Gas Pay 6595		Tubing Depth 6400			
Perforations 6595-6726 13 .042" holes					Depth Casing Shoe 6852			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		1578		800			
7-7/8	5-1/2		6852		900			
	2-3/8		6400		-			

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 9-23-78	Date of Test 10-1-78	Producing Method (Flow, pump, gas lift, etc.) pumping 2" X 1-1/2" X 22'	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 39	Water-Bbls. 32	Gas-MCF 67

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.

Eric H. Brown
(Signature)

Engineer

(Title)

Jan. 31, 1979

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 deviated 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.