Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQ		OR ALLOW				N			
Operator	TO TRANSPORT OIL AND NA					Well API No.				
Adobe 0il &				30-025-28667						
P. O. Box 43	33. Wink T	Tovac	79747							
Reason(s) for Filing (Check prope		CAGS	13141	0	ther (Please exp	Vain)				
New Well		Change is	Transporter of:							
Recompletion	Oil		Dry Gas							
Change in Operator	Casinghe	ad Gas	Condensate []						
If change of operator give name and address of previous operator	Tahoe En	ergy,	Inc.						· - · · · · · · · · · · · · · · · · · · 	
II. DESCRIPTION OF W	ELL AND LE	ASE	_							
Lease Name Well Federal			No. Pool Name, Including Formation 2 Cruz Delaware				Kind of Lease No. NM-19450			
Location	<u></u>	1	<u> </u>				Teocial of Fee	NM-19	450	
Unit LetterD	:	660	Feet From The	North Li	ne and9	90	Feet From The	West	Line	
Section 17 T	ownship	23-S	Range	33-E	IMPM,	Le		11000		
				, 10			<u> </u>	· ·	County	
III. DESIGNATION OF T Name of Authorized Transporter of	f Mil	or Conden		URAL GAS	ve address to	tint -		<u> </u>		
Conoco, Inc. S	Conoco, Inc. Surface Transportation				P. O. Box 2587, Hobbs, NM 88240					
Name of Authorized Transporter of	lame of Authorized Transporter of Casinghead Gas 📉 or Dry Gas 🗀				Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corp.				1040 P	Laza Offi	ice Bld	g., Bartles	sville,	OK 74	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. Rg 23-S 33-		ly connected?	Wh	en ?			
f this production is commingled with V. COMPLETION DATA	h that from any oth				ber:					
Designate Type of Comple	etion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.	Total Depth	4	I	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tuhing Death		
erforations								Tubing Depth		
						-	Depth Casing Sh	oe		
	Т	UBING, (CASING ANI	CEMENTIN	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·										
										
					·					
. TEST DATA AND REQ	UEST FOR A	LLOWA	BLE							
IL WELL (Test must be a late First New Oil Run To Tank	fter recovery of total	al volume of	fload oil and mus	st be equal to or	exceed top allo	wable for th	is depth or be for fu	ll 24 hours.)		
- That hew Off Rull 10 1ank	Date of Test	l .		Producing Me	thod (Flow, pur	np, gas lift,	eic.)	· · · · · · · · · · · · · · · · · · ·		
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test		Oil - Bbls.			Water - Bbis.					
riod. During 16st	Oil - Bbls.							Gas- MCF		
AS WELL								· · · · · · · · · · · · · · · · · · ·		
ctual Prod. Test - MCF/D	Length of Te	est		Bbis. Condens:	ate/MMCF		Gravity of Conder	1sale		
ting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
	Tooling 1 1000				e (Shut-in)		Choke Size			
L OPERATOR CERTIF	ICATE OF (COMPL.	IANCE				<u> </u>			
I hereby certify that the rules and n	egulations of the Oi	il Conservati	ion	0	IL CONS	SERVA	ATION DIV	ISION		
Division have been complied with is true and complete to the best of	and that the informs	ation given a	above				OCT 29			
	iny knowledge and	belief.		Date /	Approved		001 20	, 32		
Stanley (dam-									
Signature Stanley Adams Dune Printed Name				By ORIGINAL SIGNED BY JERRY SEXTON						
						WI I SUP	RVISOR			
10-22-92	(915)	586	2267	Title_						
Date		Telepho	ne No	11						

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
- 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.