

NO. OF COPIES RECEIVED	
DISTRIBUTION	
STATE	
FEDERAL	
MEXICO	
LANDING	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCER	

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-110
Effective 1-1-65

Operator Fort Worth Pipe & Supply Co.	
Address V&I Tower Bldg., Midland, Texas 79701	
Reason for request (Check proper box)	Other (Please explain)
New <input type="checkbox"/>	Change in Transporter of:
Rec. <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Desire to plug.	

If change of ownership, give name and address of new owner: **Adobe Oil Company, 601 Wilkinson-Foster Bldg., Midland, TX 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Humble State	2	Scarborough Yates Seven Rivers	State	B-934
Location Section H 660 Feet From The south Line and 330 Feet From The east Line Range 36 Township 26-S Range 36-E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give production in barrels.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	26S	36E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (in REB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

P. D. Hendrix
(Signature)

Agent

(Title)

OIL CONSERVATION COMMISSION

APPROVED *DEC 4 1965*, 19

BY *Joe D. Ramey*
Dist. I, Supv.

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 allow-