SANTA FE

REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Thative 1-1-65

	U.S.G.S.	AUTHORIZATION TO	AND		Effective 1-1-65		
	AND OFFICE	AUTHORIZATION TO	TRANSPURT UIL AND	NATURAL GAS			
	TRANSPORTER OIL GAS						
ı.	OPERATOR . PRORATION OFFICE						
	Adobe Oil Company						
	Address 1100 Mocham Mail and Till District Control of the Control						
	Reason(s) for filing (Check proper		Other (Pleas		701		
	New Well Recompletion	Change in Transporter of:	Make		operator effectiv		
	Change in Ownership Casinghead Gas Condensate 9/1/75						
	If change of ownership give name and address of previous owner _	meMacdonald Oil Corpo	oration, Box 1	812, M id	land, Texas 7970l		
II.	DESCRIPTION OF WELL AN						
	Continental Fed	Well No. Pool Name, Includir	rg Formation DELW Delaware	Kind of Lease	Lease No.		
	Location	1980 North	1650		- Federal NM 0296		
	Line of Section 15	reet from the	33-E	Feet From The	nest_		
ITT	DESIGNATION OF TRANSPO	· ionge	, NMPN	,	County		
	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL OIL Or Condensate	Address (Give address	to which approved co	opy of this form is to be sent)		
	Permian Corpor	Casinghead Gas or Dry Gas	Box 1183	Houston,	Texas 77001		
	Phillips Petro	oleum Company	Phillips B		ppy of this form is to be sent) essa, Texas 79760		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 15 26-S 33	-E yes	ed? When	28/75		
V.	If this production is commingled COMPLETION DATA	with that from any other lease or po-	c!, give commingling order				
	Designate Type of Comple	etion - (X)	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.		
}	Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay				
-	Perforations		. op e.i., eds Pdy		ing Depth		
	Periorations		Dept	th Casing Shoe			
-	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE		ND CEMENTING RECOR				
		CRSING & FUBING SIZE	DEPTH SE	T	SACKS CEMENT		
}							
_(TEST DATA AND REQUEST OIL WELL		e after recovery of total volume depth or be for full 24 hours,	e of load oil and mu	st be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	pump, gas lift, etc.,			
	Length of Test	Tubing Pressure	Casing Pressure	Chok	• Size		
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas -	MCF		
_							
	Actual Prod. Test-MCF/D						
	Actual Prod. 1881-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke	e Size		
ı. C	ERTIFICATE OF COMPLIAN	NCE	OIL C	ONSERVATION	COMMISSION		
I	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	All Ci	<u></u>		
C	ommission have been complied bove is true and complete to the	BYJohn Ruryan					
		1	TITLE	John Euryan Gerlooise			
	m. D. May	12-			nce with RULE 1104.		
_	17) LY / Weg	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					
_	Vice President	All sections of t	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. Fill out only Sections I, II, III, and VI for changes of owner,				
	8/15/75	Fill out only Se					
	(D	(ate)	well name or number,	or transporter, or ot	her such change of condition. ed for each pool in multiply		
			l completed wells.		•		

III.

V.

NEW MEATOL OIL CONSERVATION COMMISSION

Form C-104 10

FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1				
U.S.G.S.	AUTHORIZATION TO TO	AND RANSPORT OIL AND NATURA	Effective 1-1-65				
AND OFFICE	- NOTHIORIZATION TO TI	ANDPORT OIL AND NATURA	AL GAS				
TRANSPORTER OIL	_						
GAS OPERATOR	_						
PRORATION OFFICE							
Operator Macdonald Oil Corporation							
Address							
P. O. Box 1812 - Midland, Texas 79701							
Reason(s) for filing (Check proper box) Other (Please explain)							
New Well	New Well Change in Transporter of: First Gas Connection - Gas						
Recompletion	Oil Dry						
Change in Ownership	Casinghead Gas Cond	ensate					
If change of ownership give name and address of previous owner							
Lease Name	LEASE						
Continental Feder	well No. Pool Name, Including Salado Dray	Formation Kind of L V - Delaware SD Fa	Lease Lease No. NMO2965				
Location		bitte, re	derdi or Fee 2 CdC1 C1 AFIO 2 903				
Unit Letter;	980 North North	1650	West				
15	. 26S	33E					
Line of Section T	ownship Range	, NMPM,	Lea County				
. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	43					
Name of Authorized Transporter of O The Permian Corpo	il or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)				
Name of Authorized Transporter of C	₩.	Box 1183 - Houst					
Phillips Petroleu	m Company	Bartlesville, Ok	oproved copy of this form is to be sent) 1 ahoma 74003				
If well produces oil or liquids,	F Sec 15 Types 33E						
give location of tanks.	F 15,205 33E	Yes	May 23, 1975				
If this production is commingled w	ith that from any other lease or pool	give commingling order number:	NO				
COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completi	on – (X)	Despen	Same Res. Diff. Res.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	None of Daylor S						
(DI, ALB, KI, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
HOLE SIZE		D CEMENTING RECORD					
11022 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this di	fer recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
		To print, a collegio o company (anni collegio collegio)					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas • MCF				
		/					
Actual Prod. Test-MCF/D	Length of Test	Phile Condenses and					
	mandan or test	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
CERTIFICATE OF COMPLIANC	CE		ATION COMMISSION				
		APPROVED					
I hereby certify that the rules and r Commission have been complied w	ith and that the information given						
above is true and complete to the	best of my knowledge and belief.	BY					
0.0//0		TITLE Good					
YOY / h/MMIA		This form is to be filed in	n compliance with RULE 1104.				
11/10/10/10/		If this is a request for all	owable for a newly drilled or deepened				
Manager of Produ	iction	well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviation				
/ (Tit		All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,					
June 9, 1975	/						
(Dai	:e)		II, III, and VI for changes of owner, or other such change of condition.				

well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

UN 11 1975