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Appropriate District Office
DISTRICT I
P.O. Box 1580, 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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	SPORT OIL	_ AND NA	TURAL G					
Operator ADAMS 0il & Gas Producers Address					Well API No. 3U-U25-24347					
Address Address	rioducei	. 5				1	0-0X	<u> </u>	<u>, ,,, ( ) </u>	
P. O. Box 433, W			9789				<del></del>			
Reason(s) for Filing (Check proper box)		Channa in Ta		Oth	er (Please expl	ain)				
New Well Recompletion	Oil	Change in Tr	ry Gas							
Change in Operator	Casinghea		ondensate							
If change of operator give name	ahoe Ene	ergy, In	c., 3909	W. Indu	strial A	Ave., M	idland,	Texas 7	9703	
and address of previous operator				······································	<del></del>					
II. DESCRIPTION OF WELL Lease Name	AND LEA		ool Name, Includ	ing Formation		Kind	of Lease	1 1	ease No.	
State "0"	<b>, , ,</b>							Federal or Fee K-3018		
Location		<del></del>	<u> </u>	ZI DCIA	VULU			<del> </del>		
Unit LetterD	_ :66	<u>50                                    </u>	eet From The ${ m No}$	rth Lin	e and66	50 F	et From The _	West	Line	
Section 7 Townsh	i <b>p</b> 24-S	R	ange 33-	E , N	MPM, Le	ea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS	·					
Name of Authorized Transporter of Oil	xx	or Condensat	e	Į.	e address to wi					
Scurlock Permian					P. O. Box 4648, Houston, Texas 77210-4648					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas GPM Gas Co.				Address (Give address to which approved copy of this form is to be sent)  1040 Plaza Office Bldg., Bartlesville, Ok						
If well produces oil or liquids, Unit Sec. Twp. Rge.										
give location of tanks.	E	7 2	4-S 33-E		Yes	<u>i</u> i				
If this production is commingled with that	from any other	er lease or poo	al, give comming	ing order num	per:					
IV. COMPLETION DATA	(10)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		Pandy to Pr	<u> </u>	Total Depth	<u> </u>	<u></u>				
Date Spudded Date Compl. Ready to Prod.				roun Depar			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) iname of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforal ons				1		<del></del>	Depth Casing Shoe			
##11.da	لىك 	IIPING C	A SING AND	CEMENTU	W. PECOP	D	1			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET	<u> </u>	SACKS CEMENT			
	1									
	<del> </del>									
V. TEST DATA AND REQUE				I	****		<u> </u>			
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test		oad oil and must		<del> </del>		<u></u>	or full 24 hour	·s.)	
Date First New Oil Rule 10 Talls	Date of fest				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	esi		Bbls. Conden	sate/MMCF	***	Gravity of Co	ondensate		
Continue Mathead (wifes Andrea)				Cooling Descriptor (Short In)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			CHOKE SIZE			
VL OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE							
I hereby certify that the rules and regul	ations of the C	Dil Conservatio	on	(	DIL CON	SERV	A HON [	NVISIO	N .	
Division have been complied with and is true and complete to the best of my l		_	bove	D-4-	A					
8/ 1 -	(2			Date	Approved	<b>3</b>				
Hanlug (letams				By.						
Signature Stanley Adams Curner				Ву						
Printed Name	<u> </u>	, Tit	le _	Title						
10-22-92 Date	1903	7 5 76 Telepho		''''						
Late.		retebuo	HC 140.	! !						

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 with Rule 111.
- 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.

RECEIVED

SEP 2 7 1993

OFFICE

Sept.