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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Adobe Resources Corporation	
Address 1100 Western United Life Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective November 1, 1985	

If change of ownership give name and address of previous owner Adobe Oil & Gas Corporation, 1100 Western United Life Building
Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE	
Lease Name Linda Federal	Well No. Pool Name, Including Formation 1 Warren Tubb (Oil)
Kind of Lease State, Federal or Fee	Federal
Lease No. NM23777	
Location	
Unit Letter K	1980 Feet From The South Line and 1980 Feet From The West
Line of Section 23	Township 20S Range 38E, NMPM, Lea County


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 Sec. Twp. Rge. Is gas actually connected? When
K 23 20S 38E	Yes 3/3/78

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion -- (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.
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 Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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

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.	
 (Signature)	
Bill Owens, Vice President-Production (Title)	
January 20, 1986 (Date)	
OIL CONSERVATION COMMISSION	
APPROVED FEB 14 1986, 19	
BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	
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 deviation 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, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply	

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