

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION FIELD	

NEW MEXICO OIL CONSERVATION COM. OR
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Adobe Oil & Gas Corporation	
Address 1100 Western United Life Bldg., Midland, Texas 79701	
Reason(s) for filing (check proper box)	
New Well ☐	Change In Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	
If change of ownership give name and address of previous owner Adobe Oil Company 1100 Western United Life Bldg., Midland,	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Linda Federal	Well No. 1	Pool Name, including Formation Warren Tubb	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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, Tex. 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twy.	Rgn.
	Is gas actually connected? ☐ When	
	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	Some Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, 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				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

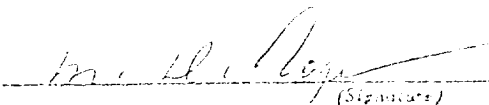
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing Procedure (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.


(Signature)

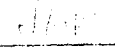
Vice President

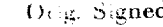
1-2-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED  19

BY  Dist. L. Supp.

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 must be filed for each pool in multiply completed wells.

RECEIVED

2 1 1977

OIL CONSERVATION COMM.
HOBART, N. M.