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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMM. IN
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

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: <input type="checkbox"/>	Effective November 1, 1985
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"/>	

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

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Linda Federal	Well No. For Name, Including Formation 2 Blinberry Oil & Gas	State, Federal or Fee Federal	NM23777
Location			
Unit Letter L	1980 Feet From The South Line and	660 Feet From The West	
Line of Section 23	Township 20S	Range 30E	County Lea

III. 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, Texas 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 K	Sec. 23	Range 30E
		Is gas actually connected? Yes	When 3/30/78

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Comp. 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 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		OIL CONSERVATION COMMISSION FEB 14 1986	
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.		APPROVED _____, 19____	
		BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
		DISTRICT I 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 multip. completed wells.			

Bill Owens
(Signature)
Bill Owens, Vice President-Production
(Title)
12-16-1985
(Date)