ı	DISTRIBUTION			
Ī	SANTA FE			
	FILE			
	U.S.G.S.			
Ì	LAND OFFICE			
1	TRANSPORTER	OIL		
		GAS		
1	OPERATOR			
	PRORATION OFFICE		1 1	

NEW MEXICO OIL CONSERVATION COMMIS

Form C-104

ŀ	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-85			
	FILE		AND				
-	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	•A5			
	LAND OFFICE	_					
	TRANSPORTER GAS	_					
	OPERATOR						
1.	PRORATION OFFICE						
-	Operator						
	Adobe Resources Cor	poration					
		1100 Western United Life Building, Midland, Texas 79701					
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of:	Effective Nove	ambar 1 1085			
	Recompletion	Oil Dry Ga Casinghead Gas Conder		inber 1, 1905			
	Change in Ownership	Casinghead Gas Conder	isure []				
	If change of ownership give name	Adobe Oil & Gas Corpo	ration, 1100 Western U	nited Life Building			
	and address of previous owner	Midland, Texas 79701		•			
11.	DESCRIPTION OF WELL AND	LEASF	ormation Kind of Leas	e Lease No.			
	Lease Name	Well No. For. Name, Including F	5	or Fee Federal NA23777			
	Linda Federal	4 Blinebry Oil 3	x Gas	100000			
		980 Feet From The North Lir	ne and 1980 Feet From	The West			
	Unit Letter F : 19	1 Get 1 Ion 1 Io					
	Line of Section 23 To	ownship 205 Flange	38E , NMPM, [_ea			
		STER OF OUR AND NATURAL CA	46				
111.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Andress (Give address to which appro	oved copy of this form is to be sent)			
	Ine Permian Corpora	ation	P.O. Box 3119, Midlar	nd, Texas 79701			
	Name or Authorized Transporter of C	asinghead Gas X or Dry Gas	Acaress (Give address to which appro				
	El Paso Natural Gas			st, Micland, Tx. 79701			
	If well produces oil or liquids,	Unit Sec. Twp. Ege. K 23 205 38E	Yes	3/5/78			
	give location of tanks.						
IV	If this production is commingled was COMPLETION DATA	with that from any other lease or pool,		Dut Dut Dut			
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
		Date Compl. Ready to Prod.	Tota: Depth	F.B.T.D.			
	Date Spudded	Date Completicately to Finance					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			!				
•	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	l and must be equal to or exceed top allow-			
•	OIL WELL	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; OIL WELL Producing Method (Flou, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibal pampi so	,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Lengin of res:						
	Actual Prod. During Test	ON-BELL	Water-Bals.	Gas-MOF			
		Annual State of the Control of the C					
	- A - WEST -						
	Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
			OH CONSERV	ATION COMMISSION			
V	I. CERTIFICATE OF COMPLIA	INCE	APPROVED FEB 1	A 1986			
		nd regulations of the Oil Conservation	APPROVED FEB 1	1 1500			
	a tuun kaan somplisi	d with and that the information giver	1	D EA TEBBA SEXTON			
	above is true and complete to	the best of my knowledge and belief	Direction of the second	SUPSTVISOR			
			TITLE				
	Lie Queur		This form is to be filed in	compliance with RULE 1104.			
	Dee Cheur		the state from mount he sconner	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			
	(Signature) Bill Owens, Vice President-Production		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
		(Title)	able on new and recompleted t	Wells.			
	12-16-193	PS	Fill and only Captions 1	II. III, and VI for changes of owner order, or other such change of condition			
		(Date)	well name or number, or transpo	sites for each most in multiply			

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 completed wells.

PEC 19 1985