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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-111
 Effective 1-1-65

Operator
SATURN OIL COMPANY

Address
Box 5596, Midland, Texas, 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9/1/77</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lineberry	Well No. 1	Pool Name, including Formation Cline Abo-Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter I	660 Feet From The East Line and 1980' Feet From The South			
Line of Section 11	Township T-23-S	Range R-37-E	NMPA, Leq. County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not Committed	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 11 Twp. 23S Rge. 37E Is gas actually connected? no When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Resv.	Part. Resv.
Date Spudded 12-17-68	Date Compl. Ready to Prod. 6-20-77	Total Depth 6904	P.B.T.D. 6873					
Elevations (DF, RKB, RT, GR, etc.) 3252 GR	Name of Producing Formation Abo-Drinkard	Top Oil/Gas Pay 6115	Tubing Depth 6500					
Perforations 6421-6526	Depth Casing Shoe 6904							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8" OD	850'	510 Sack
8 3/4"	7" OD	6904'	575 Sack
	2 3/8"	6500'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead 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 6-20-77	Date of Test 6-28-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure —	Casing Pressure 90 psi	Choke Size —
Actual Prod. During Test 73.8	Oil - Bbls. 20	Water - Bbls. 53.8	Gen - MCF TSTM

GAS WELL

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

Max E. Curry
 (Signature)
President
 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this form is filed 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 deepened wells.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.