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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

**I. Operator**  
 SATURN OIL COMPANY  
 Address: P.O. Box 5596, 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

If change of ownership give name and address of previous owner: IMPERIAL-AMERICAN MANAGEMENT CO. 915 Mid American Bldg. Midland

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name: Lineberry Well No.: 1 Pool Name, including Formation: CLINE DRINKARD-1400 Kind of Lease: fee Lease No.:  
 Location: Unit Letter I; 660 Feet From The East Line and 1980 Feet From The South  
 Line of Section 11 Township 23S Range 37E, N.M.P.M., Lee County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
The Permian Corp Address (Give address to which approved copy of this form is to be sent): Box 3119, Midland, Texas  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Skelly Oil Co Address (Give address to which approved copy of this form is to be sent): Box 993, Midland, Texas  
 If well produces oil or liquids, give location of tanks: Unit I Sec. 11 Twp. 23S Rge. 37E Is gas actually connected? Yes When 220

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	Same Res'v.	Diff. Res'v.
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		

**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**

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.

May E. Curry  
 (Signature)  
President  
 (Title)  
5-29-77  
 (Date)

**OIL CONSERVATION COMMISSION**  
**MAY 31 1977**, 19\_\_\_\_  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_ Orig. Sign.  
**Jerry Sexton**  
 TITLE \_\_\_\_\_ Dist 1, Supr.  
 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 deviated tests taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely for allowable on new and re-completed 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.

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MAY 8 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.