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U.S.G.S.	
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 O-104
 Supersedes Old O-104 and O-105
 Effective 1-1-65

I. Operator Neptune Oil Corp.
 Address 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 Company
507 Midland Savings Bldg., Midland Texas

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Lineberry Well No. 2 Pool Name, including Formation Cline (Drinkard-Ab) Kind of Lease Fee Lease No. _____
 Location
 Unit Letter J : 1980 Feet From The East Line and 1980 Feet From The South
 Line of Section 11 Township 23-S Range 37-E, 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 Corporation Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 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 I Sec. 11 Twp. 23S Rge. 37-E Is gas actually connected? NO When will be shortly

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 8-27-69 Date Compl. Ready to Prod. 10-6-69 Total Depth 7080 P.B.T.D. 7036
 Elevations (DF, RA, S, RT, GR, etc.) 3271 GR Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations 7018-7032, 6913-6812, 6780-6673 Depth Casing Shoe _____
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8</u>	<u>883</u>	<u>425</u>
<u>7 7/8"</u>	<u>5 1/2</u>	<u>7076</u>	<u>700</u>

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/MCF _____ Gravity of Condensate _____
 Testing Method (pilot, back pt.) _____ 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.
W. L. Curry
 Vice-President
1-3-77

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY Jerry
 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 device tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for change of operator, well name or number, or to report, or other such change of conditions. Form O-104 must be filed for each pool in each recompleted well.