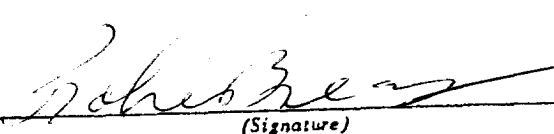


FILE		AND		Effective 1-1-63					
U.S.G.S.		AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS							
LAND OFFICE									
TRANSPORTER	OIL								
	GAS								
OPERATOR									
PRORATION OFFICE									
Operator									
Saxon Oil Company									
Address									
P. O. Box 2948, Midland, Texas 79701									
Reason(s) for filing (Check proper box)				Other (Please explain)					
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-5-76 UNLESS AN EXCEPTION TO R-4970 IS OBTAINED					
Recompletion	<input 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									
DESCRIPTION OF WELL AND LEASE									
Lease Name	Well No.	Pool Name, Including Formation		Kind of Lease	Lease No.				
Lario State	1	Bar U (Penn)		State, Federal or Fee State					
Location									
Unit Letter	0	660	Feet From The south	Line and 1874	Feet From The east				
Line of Section	1	Township	9-S	Range	32-E, NMPM, Lea County				
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)							
Mobil Pipe Line Company		P. O. Box 900, Dallas, TX 75221							
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)							
None		(Attention: Mr. Don C. Kennedy)							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When				
	0	1	9S	32E	No				
If this production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
1/10/76	2/7/76		9250'		9171' (Pkr w/Plug)				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4421' KB, 4407' GR	Bough "B"		9138'		9160'				
Perforations					Depth Casing Shoe				
9138 - 9150' (13 holes) 1 JSPF					9250'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		3650'		400 SX.				
7-7/8"	5-1/2"		9250'		250 SX.				
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.)						
3/29/76	3/29/76		Swab						
Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
24	-		-		-				
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF				
	16		100		-				
GAS WELL									
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
CERTIFICATE OF COMPLIANCE						OIL CONSERVATION COMMISSION			
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 _____			
 (Signature) Production Superintendent (Title) April 2, 1976 (Date)						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 multiply completed wells.			