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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
King Resources Company
Address
300 Wall Towers West, 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 ☐
Other (Please explain)

If change of ownership give name and address of previous owner **Solar Oil Co., P. O. Box 5596, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lineberry	Well No. 2	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Cline Drinkard - Abo R-4119				
Unit Letter J	1980	Feet From The East	Line and 1980	Feet From The South
Line of Section 11 j	Township 23-S	Range 37-E	NMPM, Lea 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) 1509 West Wall, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 J	Sec. 11	Twp. 23-S	Rge. 37-E	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 <input checked="" type="checkbox"/>	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, RKB, RT, GR, etc.) 3271 GR.	Name of Producing Formation ABO		Top Oil/Gas Pay 6673		Tubing Depth 7025			
Perforations (A) 7018,05,02,6982,70,68,51,44,42,35,32 (B) 6913,10,03,6893,85,73,60,55,51,42,39,34,26,23,18,12 (C) 6780,74,51,48,23,26,19,12,6695,76,73	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		883 KB		425 sx.			
7-7/8"	5-1/2"		7076		700 sx.			

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)

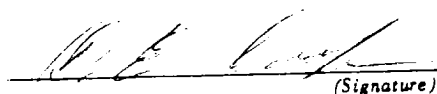
Date First New Oil Run To Tanks 10-21-69	Date of Test 11-10-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure 10	Choke Size --
Actual Prod. During Test 40	Oil - Bbls. 35	Water - Bbls. 5	Gas - MCF 64

GAS WELL

Actual Prod. Test - MCF/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

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.


(Signature)

(Title)

December 23, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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