NO DE CIPIES REC	E 1 > E &		
DISTRIBUTION			
SANTA FE			
FILE		İ	
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUES'	REQUEST FOR ALLOWABLE AND			
	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS		
Operator						
Texon Petroleum Corporation Address						
	One Marienfeld Place Reason(s) for filing (Check proper b	ce, Suite 290, Midland, T	Other /Places avalais			
	New Well XX	Change in Transporter of:	[- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	AND NOT THE		
	Change in Ownership			OLD PRON TO BANK		
	If change of ownership give name		A TOTAL OF THE STATE OF THE STA			
**	and address of previous owner	DIFACE				
II. DESCRIPTION OF WELL AND LEASE Lease Name			se Lease No.			
	Lineberry	1 Drinkard	State, Feder	ol or Fee Federal NM-34477		
	Unit Letter 11E11 : 10	650 Feet From The North Li	Ine and 330 Feet From	The West		
	_	Cownship 23-S Range	38-E , NMPM,	Lea County		
				County		
III.	Name of Authorized Transporter of C		ER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent)			
		The Permian Corporation		P. O. Box 838, Hobbs, New Mexico 88240		
	Name of Authorized Transporter of C None	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	ner.		
	give location of tanks.	E 5 23 38	No			
	If this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:			
	Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workever Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-22-79	12-15-79	7371'	7329'		
	Elevations (DF, RKB, RT, GR, etc.) 3376.6' GR	Name of Producing Formation Drinkard	Top O:1/Gas Pay 6231'	Tubing Depth 6655'		
	Perforations		0201	Depth Casing Shoe		
	6231' to 6635' and 6789' to 7257'		7369'			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
Ì	12 1/4"	8 5/8"	1300'	775 sk Lite,200 sk "C"		
	7 7/8"	5 1/2" 2 7/8"	7368' 6655'	600 sk "C"		
		2 1/8	0055			
V.			ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-		
Ī	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)		
	12-28-79	3-25-80	Pump			
	Length of Test 24 Hour	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	60	19	41	TSTM		
	GAS WELL					
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
-	None Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
1.	CERTIFICATE OF COMPLIAN	NCE	H 45 4 46	TION COMMISSION		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED	APPROVED 19		
			BY SIGNATURE			
			CITPERVISO	CIPERASOR SOUNA		
			TITLE	compliance with But E sace		
	BH chmucker		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
_	(១រដ្ឋា	nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
-	Agent	itle)		st be filled out completely for allow-		
	March 28 1980		4)	III. and VI for changes of owner,		

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.