

REQUEST FOR ALLOWABLE  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100  
 Supersedes O-100 (1-7-75)  
 1-10-1988

RECEIVED

APR 27 '88

TXO Production Corp.  
 900 Wilco Bldg. Midladr., TX 79701  
 O. C. D.  
 ARTESIA, OFFICE

New Well  Changes in Transporter of:  
 Recombination  Oil  Dry Gas   
 Change in Ownership  Gasohol/Gas  Condensate  Other (Please explain)  
 effective May 1, 1988

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE  
 Lease Name: Yates Federal  
 Well No.: 5  
 Pool Name, including Formation: E. Burton Flat (Narrow)  
 Kind of Lease: Federal  
 Location: State, Federal or Fee: Federal  
 Unit Letter: N 990  
 Feet From The: South Line and 1980  
 Feet From The: West  
 Line of Section: 17  
 Township: 20-S  
 Range: 29-E  
 NEPL: Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate : JM Petroleum Corp.  
 Address (Give address to which approved copy of this form is to be sent): 2000 N. Tower LB 319 Dallas, TX. 75201  
 Name of Authorized Transporter of Gasohol/Gas  or Dry Gas : Delhi Gas Pipeline & Affil  
 Address (Give address to which approved copy of this form is to be sent): 1st City Cntr 1700 Pacific Ave. Dalla, TX. 752  
 If well produces oil or liquids, give location of tanks: Unit N Soc. 17 Twp. 20-S Rng. 29-E Is gas actually connected? Yes When 1-16-84

This production is commingled with that from any other lease or pool, give commingling order numbers

COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some other  
 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.S.T.D.:  
 Revisions (DP, RWD, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Testing Depth:  
 Perforations: Depth casing shoe:

TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		BACKS CEMENT Foot 10-3 5-6-88 by J.T.P.E.R

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed 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:  
 Initial Prod. During Test: Oil-BSLs: Water-BSLs: Gas-BSLs:

AS WELL  
 Initial Prod. Test-MCF/D: Length of Test: Data. Condensate/BSLs: Gravity of Condensate:  
 Water Produced (first, back pt.): Tubing Pressure (4000-500): Casing Pressure (4000-500): Choke Size:

CERTIFICATE OF COMPLIANCE  
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been exemplified with and that the information given above is true and complete to the best of my knowledge and belief.  
 Julia Collier 4-18-88  
 Julia Collier (Signature) Julia Collier  
 Engineer Asst. (Title)  
 4-12-88 (Date)

OIL CONSERVATION COMMISSION  
 APR 28 1988  
 APPROVED: \_\_\_\_\_  
 BY: Original Signed By Mike Williams  
 TITLE: Oil & Gas Inspector  
 This form is to be filed in compliance with rule 1104.  
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the reserves taken on the well in accordance with N.O.C. 110.  
 All sections of this form must be filled out completely and filed on top and bottom stock tables.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.