

THE FEDERAL OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-100
 Superseded by OCS-100 and
RECEIVED

SEP 23 '88

O. C. D.
 ARTESIA, OFFICE

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
TYPE OF WELL	
PRODUCTION OF WELL	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

TXO Production Corp. ✓
 Address
 900 Wilco Bldg. Midland, TX. 79701
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of Oil Dry Gas
 Completion Other (Please explain) _____
 Change in Ownership Condensate effective November 1, 1988
 If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name: McCord "A" Well No.: 1 Post Office, Precinct, Formation: Burton Flat (Morrow) Kind of Lease: State, Federal or Fee Fee: _____
 Location: Unit Letter: P ; 660 Feet From The South Line and 560 Feet From The East
 Line of Section: 19 Township: 21-S Range: 27-E County: Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent): Koch Oil Company, P.O. Box 1558 Breckenridge, TX. 76024
 Name of Authorized Transporter of Condensed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent): Cabot Corp., 7120 I-40 West Amarillo, TX. 79102
 If well produces oil or liquids, give location of tanks: Unit: P, Sec: 19, Twp: 21-S, Rng: 27-E Is gas actually connected? Yes When: 12-19-84

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 Sand Control Other
 Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ P.D.T.D.: _____
 Deviations (UP, RRD, RT, CR, etc.): _____ Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
 Perforations: _____ Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post FD-3 9-30-88 chg W.T. JMP

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable possible 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/MSCF: _____ Gravity of Condensate: _____
 Testing Method (Free, Back pr): _____ Tubing Pressure (Inch-In): _____ Casing Pressure (Inch-In): _____ Choke Size: _____

CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information herein is true and complete to the best of my knowledge and belief.
 Julia Collier
 Engineer Asst.
 9-20-88

OIL CONSERVATION COMMISSION
 APPROVED: SEP 20 1988
 BY: Original Signed By: Mike Williams
 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 available tests taken on the well in accordance with RULE 1101.
 All portions of this form must be filled out completely for allowable on new and deepened 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 available