

FEDERAL BUREAU OF OIL CONSERVATION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

How Often  
 Frequency of Reporting  
 Effective Date

NAME OF OPERATOR  
 ADDRESS  
 CITY  
 STATE  
 ZIP  
 COUNTY  
 LEASE NO.  
 FIELD NO.  
 UNIT NO.  
 WELL NO.  
 DATE OF TEST  
 TYPE OF WELL  
 OIL  
 GAS  
 LOCATION  
 DISTRICT OFFICE  
 COUNTY

**TXO Production Corp.**

900 Wilco Bldg. Midland, TX. 79701

Change in Transporter of:  
 Oil  Dry Gas   
 Condensate  Other (Please explain) \_\_\_\_\_  
 effective November 1, 1988

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name: **Sprinkle Federal** Well No.: **1** Well Name, Including Formation: **Querecho Plains (U. Bone Springs)** Kind of Lease: **Federal**  
 Location: Unit Letter **D**; **660** Feet From The **North** Line and **660** Feet From The **West** Line of Section **26** Township **18-S** Range **32-E** N.M.P.M. **Lea** Co.

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate Koch Oil Company Address (Give address to which approved copy of this form is to be sent): **P.O. Box 1558 Breckenridge, TX. 76024**  
 Name of Authorized Transporter of Condensate  or Dry Gas Phillips 66 Natl. Gas Address (Give address to which approved copy of this form is to be sent): **400 Penn Brook Odessa, TX. 79762**  
 If well produces oil or liquids, give location of tanks: Unit **D** Sec. **26** Twp. **18-S** Rng. **32-E** Is gas actually connected? \_\_\_\_\_ When \_\_\_\_\_

If 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	Since (month, year)
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.	
Elevations (DP, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Testing Depth	
Perforations							Depth Casing Shoe

**TUBING, CASING, AND CEMENTING RECORD**

HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of lead oil and must be equal to or exceed top 10% of well)

Date First New Oil Run To Tanks: \_\_\_\_\_ Date of Test: \_\_\_\_\_ Producing Method (Flow pump, gas lift, etc.): \_\_\_\_\_  
 Length of Test: \_\_\_\_\_ Testing 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: \_\_\_\_\_ Wt. Condensate/MCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_  
 Testing Method (Test, back pr.): \_\_\_\_\_ Testing Pressure (Shut-in): \_\_\_\_\_ Casing Pressure (Shut-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 above is true and complete to the best of my knowledge and belief.

*Julia Collier* Julia Collier  
 Engineer Asst.  
 (Date) 9-20-88

**OIL CONSERVATION COMMISSION**

APPROVED: \_\_\_\_\_, 19\_\_\_\_  
 BY: **Paul Kuntz**  
 TITLE: **Geologist**

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 tabulation of all test data taken on the well in accordance with Rule 1103.  
 All sections of this form must be filled out completely for all wells on newly drilled or reworked wells.  
 Fill out only sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of identity.

RECEIVED

SEP 22 1988

NOBBS GROUP