

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104
Superseded by O.C.C. Form
Effective 1-1-87

OPERATOR
PRODUCTION OFFICER

Operator
TXO Production Corp.

Address
900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recombination Condensate **effective May 1, 1988**
 Change in Ownership Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: **Jordan "B"** Well No.: **1** Pool Name, including Formation: **W. Osudo Morrow Gas** Kind of Lease: State, Federal or Fee Fee

Location
Unit Letter: **0** : **660** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section: **11** Township: **20-S** Range: **35-E** , N.M.P.M. Lea

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)
JM Petroleum Corp. **2000 N. Tower LB 319 Dallas, TX. 75201**

Name of Authorized Transporter of Condensate Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corp. 66 Natl Gas **Phillips Bldg. Bartlesville, OK. 74004**

If well produces oil or liquids, give location of tanks. Unit: **0** Sec.: **11** Twp.: **20-S** Rce.: **35-E** Is gas actually connected? When

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	Shut-In	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Revolutions (DF, RKB, RT, GR, 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

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 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
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

IMS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (flow, back prod)	Tubing Pressure (lb/ft ² -in)	Casing Pressure (lb/ft ² -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 given above is true and complete to the best of my knowledge and belief.

Julia Collier 4-18-88
Julia Collier
 (Signature)
Engineer Asst.

4-12-88

**OIL CONSERVATION COMMISSION
 APR 27 1988**

APPROVED _____, 19____
 BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

This form is to be filed in compliance with rule 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with rule 111.
 All sections of this form must be filled out completely for all applicable tests and completed wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.