

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

Form OCS-100
Superseded by OCS-101 and
LITHO 11-1-87

DISTRICT OFFICE
 STATE OFFICE
 LAND OFFICE
 TRANSPORTATION
 OPERATOR
 PRODUCTION OFFICES

Operator: **TXO Production Corp.**

Address: **900 Wilco Bldg. Midland, TX. 79701**

Location(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Condensate Gas Condensate Other (Please explain)

effective May 1, 1988

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: **Burleson Federal** Well No.: **2** Pool Name, including Formation: **Querecho Plains(U.Bone Spring)** Kind of Lease: **Federal**
 Location: **Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East**
 Line of Section: **26** Township: **18-S** Range: **32-E** N.M.P.M. **Lea**

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): **2000N. Tower LB 319 Dallas, TX. 75201**
 Name of Authorized Transporter of Condensate Gas or Dry Gas
Phillips Petroleum 66 Nall Hwy Address (Give address to which approved copy of this form is to be sent): **4001 Penn Brook Odessa, TX. 79762**
 Is well produces oil or liquids, give location of tanks: **Unit A Sec. 26 Twp. 18-S Rng. 32-E** Is gas actually connected? **Yes** When: **3-26-86**

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 Reopened
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.				
Revolutions (W, RND, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing 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 output rate for this depth or be for full 24 hours)

Start 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-DBls.	Water-DBls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Ubls. Condensate/MCF/D	Gravity of Condensate
Pressure (psig) (inlet, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size

ENGINEER'S 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 Julia Collier
 (Signature)
 Engineer Asst.
 (Title)
 4-12-88
 (Date)

OIL CONSERVATION COMMISSION

APR 27 1988

APPROVED _____ 19____
 BY: **ORIGINAL SIGNED BY JERRY SEXTON**
 TITLE: **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 re-open well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with rule 1104.
 All portions of this form must be filled out completely for allowable on new and re-completed wells.
 Fill out only portions I, II, III, and VI for changes of well name or number, or transporter, or other such change of credit