

THE UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104
Supersedes OIL-104 (Rev. 1-1-65)

NAME OF LEASE	
UNIT	
SECTION	
TOWNSHIP	
RANGE	
NEED FOR TRANSPORT	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
DATE	

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 ☐
Recompletion ☐ Condensed Gas ☒ Condensate ☐
Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease	Lease
Penron-Byers	1	Shipp Strawn	State, Federal or Fee	
Location				
Unit Letter	P	810 Feet From The South Line and 660 Feet From The East		
Line of Section	3	Township 17-S Range 37-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)
Texas New Mexico Pipeline	P.O. Box 2528 Hobbs, NM 88240
Name of Authorized Transporter of Condensed Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 1589 Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rng. Is gas actually connected? When
P 3 17-S 37-E	Yes 8/9/88

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	Same location
Date spaced	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.				
Elevations (Top, RKB, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil able 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-Dbls.	Water-Dbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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 Julia Collier
(Signature)
Engineer Asst.
(Title)
10/10/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the well tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all wells, new or old, except for a well.

Fill out only Sections I, II, III, and VI for changes of name, well number or number, or transporter, or other such change of conditions.