

NAME OF OPERATOR	
DISTRIBUTION	
WELL TYPE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
AUG 22 1984
O. C. D.
ARTESIA, OFFICE

Operator **TXO Production Corp.**
Address **900 Wilco Building; Midland, Texas 79701**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ **Changed Gas Transporter**
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Williamson Federal #1	Well No. 3	Pool Name, Including Formation East Burton Flat (Morrow)	Kind of Lease State, Federal or Free Federal	Lease No. 055477
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 16 Township 20-S Range 29-E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183; Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Delhi Gas Pipeline	Address (Give address to which approved copy of this form is to be sent) First City Center; 1700 Pacific Ave. LB-10 Dallas, Texas 75201-4696					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16	Twp. 20 S	Rge. 29 E	Is gas actually connected? Yes	When 6-7-82

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	Some Res't'n. Drill. Re'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (LF, 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 allowable for this depth or be for full 24 hours)

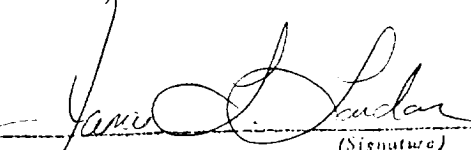
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing 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 given above is true and complete to the best of my knowledge and belief.


(Signature)
Jamie L. London; Engineering Asst.
(Title)

8-21-84

(Date)

OIL CONSERVATION COMMISSION

AUG 27 1984

APPROVED _____, 19

BY **ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC**

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 calculation of the gravity taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on newly recompleted 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 conditions.