

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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O. C. D.
ARTESIA, OFFICE LEASE

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR

TXO Production Corp.

3. ADDRESS OF OPERATOR

900 Wilco Bldg., Midland, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 900' FSL & 1980' FWL

AT TOP PROD. INTERVAL: of sec 17

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐

Nm 01165

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

East Burton Flat, East Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 17, T-20-S, K-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3290 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10-6-83 WOCU. 10-12-83 set 23/8" N-80 tbg @ 11,200. 10-16-83 Est. toe @ 9600' PBTD @ 11,745. RN cased hole logs. 10-18-83 RN CCL & Gammaray f/11,743' to 11,500'. 10-19-83 perf w/3 1/8 csg gun f/11,660'-670', ISPF, 10 holes. Set pkr in 15 pts tension @ 11,630'. 10-20-83 Snd line broke pads out. So f/unit repair. 10-21-83 Relsd pkr. Set retainer @ 11,506'. Pressure annul to 2000 #. pbtd 11,506'. 10-22-83 tag cmt @ 11,505'. 10-23-83 PBTD 11,743. Drld cmt to 11,675. Test 4 1/2 csg to 1500#. 10-25-83 perf w/3 1/8" csg gun f/11,692-712 ISF, 20 holes GIH w/4 1/2" pkr, 1-7/8" profile nipple & 370 jts 2 3/8" N-80 tbg. Set pkr @ 11,603. 10-26-83 testing. 10-27-83 tested. PBTD @ 11,588". Set pkr @ 11,200' w/14,000# compr Perf w/1 9/16" gun f/11,475-500 42 holes CIBP & Set @ 11,603 w/15' cement. 10-30-83 turn to production. 10-31-83 SI, WOPL.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Janna Caudle TITLE Engineering Asst. DATE 11/17/83

(This space for Federal or State office use)

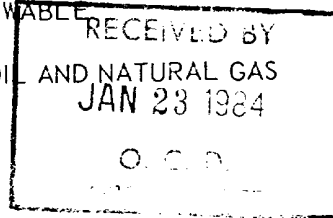
APPROVED BY Janna Caudle TITLE Engineering Asst. DATE 11/17/83
CONDITIONS OF APPROVAL, IF ANY:

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PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65



I. Operator
TXO Production Corp.
Address:
900 Wilco Bldg., Midland, TX 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Re-completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Yates Federal	5	Burton Flat, East 7 7/8" ML	State, Federal or Fee Federal
Location			
Unit Letter	N	990 Feet From The South Line and 1980 Feet From The West	
Line of Section	17	Township 20S	Range 29E, NMPMA, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Delhi Dr. Pipeline Corp.	Box 1412 Perm. Tx. 79772	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	17
	20S	29E
	Is gas actually connected? Yes	
	When 1-16-84	

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8/10/83	10/30/83		11,770			11,588		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Burton Flat	Morrow		11,692			11,200		
Perforations						Depth Casing Shoe		
11,660-11,712						11,200		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		610		650 "C"			
11	8 5/8		3100		3400 "H"			
7 7/8	4 1/2		11,770		1250 "H"			
	2 3/8		11,200					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
2037	24 hr	2	42°
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pr	1725	0	15/64

VI. 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.

Jimmie Caudle
(Signature)
Eng Asst
(Title)
1-10-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 1 6 1984
BY Original Signed By Leslie A. Clements
Supervisor District II
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 tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.