

Submitt 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

APR 23 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator TXO Production Corp.		Well API No. 30-015-24509
Address 415 West Wall, Suite 900, Midland, Texas 79701-4468		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 5	Pool Name, Including Formation Burton Flat, East (Wolfcamp)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 990' Feet From The south Line and 1980' Feet From The west Line Section 17 Township 20-S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas Deft Pipeline Company & Affiliates	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1700 Pacific Ave., Dallas, Texas 75201-4696
Transwestern Pipeline Company		P. O. Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17
	Twp. 20S	Rge. 29E
	Is gas actually connected? Yes	
	When? 4/7/90	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 2/20/90	Date Compl. Ready to Prod. 4/7/90	Total Depth 11,770'	P.B.T.D. 10,237'					
Elevations (DF, RKB, RT, GR, etc.) 3290' GL, 3306' KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,493'	Tubing Depth 9,424'					
Perforations 9493'-9510'			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Post ID-2 4-22-90 comp. Wolfcp.

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 Tank 4/7/90	Date of Test 4/16/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50#	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test 24 hrs.	Oil - Bbls. 7	Water - Bbls. 0	Gas - MCF 35

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
Jay Pulte
Printed Name
April 19, 1990
Date
Production Engineer
(915) 682-7992
Telephone No.

OIL CONSERVATION DIVISION

APR 24 1990

Date Approved
By
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.