

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 21 1987
O. C. D.
ARTESIA OFFICE

SALE PRICE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	✓
OPERATOR	✓
PRODUCTION OFFICE	✓

FOR ALLOWABLE AND

TXO Production Corp.

900 Wilco Bldg. Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Reclassify well from Oil to Gas
Change in Ownership <input type="checkbox"/>	Condensing Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Delta Fee "C"	Well No. 1	Pool Name, including Formation Carlsbad, East (Wolfcamp)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter C ; 1980 Feet From The West Line and 990 Feet From The North Line of Section 12 Township 22-S Range 27-E , N.M.P.M., Eddy County			

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 Corp. Permian (Eff. 9 / 1 / 87)	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Condensing 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)
Cabot Pipeline Corp.	7120 I-40 West, Amarillo, TX 79106
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge. Is gas actually connected? When
	C 12 22-S 27-E Yes 1-12-87

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 Other (P.H., etc.)
		XX					
Date Spudded 10-09-86	Date Compl. Ready to Prod.	Total Depth 10,070	P.D.T.D. 10,020				
Elevations (BF, RKB, RT, CR, etc.) 3093 GL & 3109 KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9819	Tubing Depth				
Perforations 9819, 30, 31, 32, 39, 41, 49, 50, 54 & 57. 9811, 9817, 9861			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	11-3/4"	480	700 sx "C" 2% CaCl
11	8-5/8"	2700	300 sx "C" 2% CaCl, 1400 sx Lite
7-7/8"	4-1/2"	10070	700 sx "H" & 350 sx

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 50/50 pc 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
Actual Prod. During Test	Oil - bbls.	Water - bbls.

Post ID-3
2-6-87
chg from oil well to gas well

GAS WELL

Actual Prod. Test-MCF/D 340	Length of Test 4 hrs	Lbbs. Condensate/MCF dry gas	Gravity of Condensate N/A
Testing Method (flow, back pr.) back press.	Tubing Pressure (4848-in) 1522	Casing Pressure (4848-in) Pkr	Choke Size 5/64

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.

Jay Pulls
(Signature)

Engineer

(Title)

1-14-87

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 5 1987**
BY **Original Signed By Mike Williams**
TITLE **Oil & Gas Inspector**

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 compilation of three sets of logs taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely regardless of use and re-completed as needed.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.