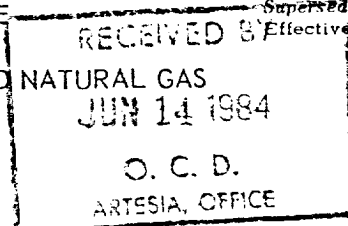


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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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



I. Operator
TXO Production Corp. ✓

Address
900 Wilco Bldg.; Midland, Texas 79701 (915) 682-7992

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE Lse #B-2178

Lease Name <u>Empire State Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Empire (Penn)</u>	Kind of Lease State, Federal or Fee <u>State</u>
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Location

Unit Letter M; 660 Feet From The South Line and 660 Feet From The West

Line of Section 20, Township 17-S Range 28-E, NMPM, 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"/> <u>Navaho Crude Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159; Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Cabot Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>7120 I-40 West; Amarillo, TX 79106</u>

If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>20</u>	Twp. <u>17-S</u>	Rge. <u>28-E</u>	Is gas actually connected? <u>Yes</u>	When <u>3-16-82</u>
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	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

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.)	<u>Prod. AD-3</u>
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>6-22-84</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>Chg LT</u>

GAS WELL

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

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.

Jamie L. London
(Signature)
Jamie L. London - Eng. Asst.
(Title)
6-12-84
(Date)

OIL CONSERVATION COMMISSION
JUN 19 1984
APPROVED
Original Signed By
BY Leslie A. Clements
TITLE Supervisor District A
RECEIVED
JUN 15 1984

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

If this is a request for allowable for a newly drilled or deepen 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 ownership, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-