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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 JAN 23 '90  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Kelly H. Baxter	Well API No.
Address P.O. Box 11193 Midland, TX. 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator TXO Production Corp. 415 W. Wall Suite 900 Midland, TX. 79701	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon State "B" Com	Well No. 1	Pool Name, Including Formation Und. Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 1980 Feet From The East Line Section 29 Township 19-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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX. 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1384 Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 29
	Twp. 19-S	Rge. 29-E
	Is gas actually connected? Yes	When? 6-7-78
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 X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-29-78	Date Compl. Ready to Prod. 4-17-78		Total Depth 11,049'		P.B.T.D. 10,975'			
Elevations (DF, RKB, RT, GR, etc.) 3415 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,604'		Tubing Depth 10,495'			
Perforations 10604-08, 10622-25, 10640-42, 10717-19, 10754-56, 10783-85, 10798-802, 10808-12, 10815-20, 10833-35. (40 holes total - .38" holes)					Depth Casing Shoe 11-49'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		505		500sx 50/50 Poz-C&C			
12 1/4"	8 5/8"		2815		1100sx 50/50 Poz-C&C			
7 7/8"	4 1/2"		11049		1075 sx C1. "H"			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-3 2-2-90 chg up	
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/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  
Kelly H. Baxter  
Printed Name  
Kelly H. Baxter  
Date  
1/19/90  
Owner  
Title  
915-682-6191  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 2 1990  
By ORIGINAL SIGNED BY  
MARE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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

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

JAN 22 1990  
OCD  
MOBBS OFFICE