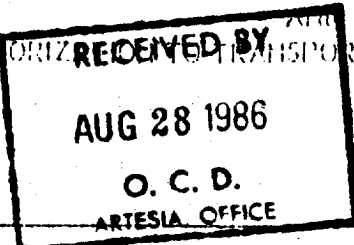


NAME OF OPERATOR	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-101
Superseding OIL C-101 and C
L.O.C. 11-1-65



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

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Keohane Fed. Com.	Well No. 1	Pool Name, Including Formation Undesignated (Morrow)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East		Lease No. NM 28790	
Line of Section 33	Township 18-S	Range 31-E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)		
Tesoro Crude Co.	8700 Tesoro Dr. San Antonio, TX. 78286		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.	4001 Penbrook, Odessa, TX. 79762		
El Paso Natural Gas Co.	Box 1384 Jal, NM 88252		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 18S
			Rge. 31E
			Is gas actually connected? Yes
			When Tesoro 10-1-86 El Paso 7-11-78 Phillips 10-16-78

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
			Same Res't. Perf. Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

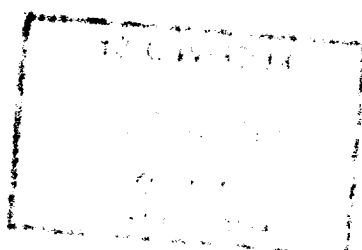
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			9-5-86
			Chg LT: KOC

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 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
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
Julia Collier (Signature) Julia Collier Engineer Asst. (Title) 8-26-86 (915) 682-7992 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 29 1986	
BY Original Signed By Les A. Clements TITLE Supervisor-District II	
This form is to be filed in compliance with RULE 1104. If this be a request for allowable for a newly drilled or recomple- well, this form must be accompanied by a tabulation of the yield tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recomple wells. 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.	



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