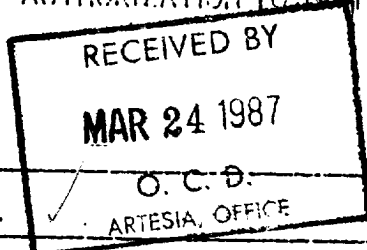


SALESPER	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

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

Form O-104
Supersedes O-104 and
O-104-1-1-65



Operator TXO Production Corp.

Address 900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐	Oil ☐
Change in Ownership ☐	Coalinghead Gas ☐	Dry Gas ☐
		Condensate ☒

effective April 1, 1987

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE Galena Area, Nleta

Lease Name <u>Keohane Fed. Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated (Morrow)</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM-28790</u>
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Location _____

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 33 Township 18-S Range 31-E N.M.P.M. Eddy Co.

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)
<u>Koch Services, Inc.</u>	<u>P.O. Box 1558 Breckenridge, TX. 76024</u>

Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Nat. Gas</u> <u>EL Paso Nat Gas Co.</u>	<u>Phillips Bldg. Bartlesville, OK. 74004</u> <u>Box 1384 Jal, NM 88252</u>

If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>33</u>	Twp. <u>18-S</u>	Rge. <u>31-E</u>	Is gas actually connected? <u>Yes</u>	When <u>El Paso 7-11-78</u> <u>Phillips 10-16-78</u>
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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	Since Restored	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Elevations (DF, RHD, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>4-3-87</u>
			<u>dy LT: TCO</u>

TEST DATA AND REQUEST FOR ALLOWABLE (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

AS WELL,

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (rust, 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)
Engineer Asst.
(Title)
3-20-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1987, 19

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 tabulation of the recovery tests taken on the well in accordance with RULE 1101.
All portions of this form must be filled out completely for the applicable new and reworked 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 identity.

RECEIVED
MAY 23 1981
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HOBBBS OFFICE