NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL	✓	
TRANSPORTER — GAS		
OPERATOR	✓	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
MAR 24 1987
O. C. D.
ARTESIA, OFFICE

Operator

TXO Production Corp.

Address

900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

effective April 1, 1987

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Galaxy Corp. Weka

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Keohane Fed. Com,	1	Undesignated (Morrow)	State, Federal or Fee Federal	NM-28790

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 , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Koch Services, Inc.

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 ☐ or Dry Gas ☒

Phillips 66 Nat. Gas
El Paso Nat Gas Co.

Address (Give address to which approved copy of this form is to be sent)

Phillips Bldg. Bartleville, OK. 74004
~~Box 1384 Jal, NM 88252~~

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	33	18-S	31-E	Yes	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 Restv.	Diff. Restv.

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 4-3-87 dg DT: TCO

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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/MMCF	Gravity of Condensate
Testing Method (pitot, 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 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 only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.