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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-1
Effective 1-1-65
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OCT 20 1981

O. C. D.
ARTESIA, OFFICE

I. Operator
TXO Production Corp.
Address
900 Wilco Building, Midland, Tx 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of Operator Name from Texas Oil & Gas Corp. to TXO Production Corp.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Indian Hills State Com. Well No. 1 Pool Name, Including Formation Cemetery (Morrow) Kind of Lease State
Location
Unit Letter B G : 1650 Feet From The North Line and 1980 Feet From The East
Line of Section 36 , Township 20S Range 24E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corporation Permian (Eff. 9/1/87) Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Tx 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Natural Gas Pipeline Co. of America Address (Give address to which approved copy of this form is to be sent)
201 Wall Building, Midland, Tx 79701
If well produces oil or liquids, give location of tanks. Unit G Sec. 36 Twp. 20S Rge. 24E Is gas actually connected? Yes When 7-27-78

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)
Date Spudded _____ Date Complet. 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 all able 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.) Flow
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 _____ 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.
Janna Caudle (Signature)
Engineering Asst. (Title)
10-9-81 (Date)
OIL CONSERVATION COMMISSION
NOV 5 1981
APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II
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 all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.