

NAME OF OPERATOR	
DISTRICT	
WELL NO.	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-100
Superseding O.C.D. 101 and 1
E.O. 11644-1-1-65

RECEIVED BY
AUG 28 1986
O. C. D.
ARTESIA, OFFICE

APPROVED BY TRANSPORT OIL AND NATURAL GAS

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:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Coalbed Gas ☐	Condensate ☒

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Shugart State Com.	Well No. 1	Pool Name, including Formation North Shugart (Morrow)	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N	Feet From The 714	South	Line and 2062	Feet From The West
Line of Section 16	Township 18S	Range 31E	MMPM Eddy	County

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 Coalbed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, TX. 79876			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 16	Twp. 18S	Rge. 31E
Is gas actually connected?	When			
Yes	El Paso 7-30-81 Pride 10-1-86			

If this production is commingled with that from any other lease or pool, give commingling order number:

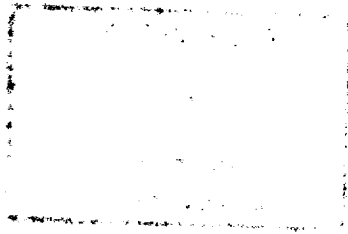
COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Prod. Well	Prod. No.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RK2, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations			Depth Casing Shoe					

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

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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Dbls.	Water-Dbls.	Gas-MMCF

GAS WELL			
Actual Prod. Test-MMCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 29 1986	
Original Signed By Les A. Clements		BY	
TITLE Supervisor District H		TITLE	
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 monthly 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 owner, well name or number, or transporter, or other such change of conditions.	
Julia Collier (Signature) Julia Collier Engineer Asst. (Title) 8-26-86 (Date)		(915) 682 7992 (Data)	



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