

**SUPPLY, STORAGE, TRANSPORTATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-101
Superseded 10-1-69
11-10-1969

TXO Production Corp. ✓

900 Wilco Bldg. Midland, TX 79701

RECEIVED

MAY 10 '88

O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Condensate Gas ☐

Dry Gas ☐

Condensate ☒

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Hebling Federal

Well No. Pool Name, including Formation

1

Indian Basin (Upper Penn)

Kind of Lease

State, Federal or Fee Federal

Location

Unit Letter D : 990 Feet From The North Line and 990 Feet From The West

Line of Section 22 Township 22-S Range 23-E , NE/4 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)

2000 N. Tower LB 319 Dallas, TX. 75201

Name of Authorized Transporter of Condensate Gas ☐

or Dry Gas ☐

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

125 W. Missouri St. Midland, TX. 79701

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Range
D	22	22-S	23-E

Is gas actually connected?

When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stimulate
	☐	☐	☐	☐	☐	☐	☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.		
Revisions (DP, RND, 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
			Prod ID-3
			5-20-88
			by W. J. PER

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

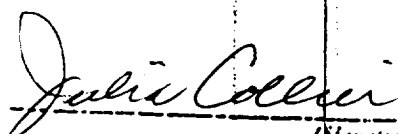
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

AS WELL,

Initial Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Casing Pressure (shut-in)	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 here is true and complete to the best of my knowledge and belief.


Julia Collier

Engineer Asst.

5-5-88

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1988

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 reworked well, this form must be accompanied by a certification of the tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for this form to be considered complete.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.