

NAME & ADDRESS	
DATE	
TIME	
WELL NO.	
LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	
PRODUCTION OFFICE	

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

AUG 20 '87

O. C. D.
ARTESIA, OFFICE

Form O-104
Supersedes Old O-104 Form
Effective 1-1-65

TXO Production Corp. ✓	
Address 900 Wilco Bldg. Midland, Tx 79701	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☒	Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name City of Carlsbad <i>Lease</i>	Well No. 1	Pool Name, including Formation S. Carlsbad (Delaware)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter 0 1980 Feet From The East Line and 660 Feet From The South Line of Section 13 Township 22-S Range 26-E NMPM, 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) P. O. Box 3119 Midland, Tx 79701		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Suite 614, First Nat'l Bank Odessa, Tx		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 13	Twp. 22-S Rge. 26-E
	Is gas actually connected? Yes		When 1973

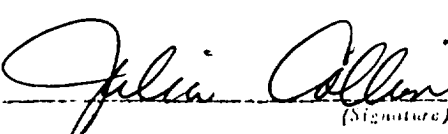
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐	New Well ☐ Workover ☒ Deepen ☐ Plug Back ☒ Same Prod'n. ☐ Fill. ☒	
Date Spudded 2-21-73	Date Compl. Ready to Prod. 8-6-87	Total Depth 11900	P.D.T.D. 5075'
Elevations (D.F., R.K.P., RT, GR, etc.) 3149' GR 3162' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 4595	Tubing Depth 4653
Perforations 4595-5111			Depth Casing Shoe 8600

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18 1/2"	16"	353'	350 CL "C"
15"	10 3/4"	2650'	1200 sx & 200 sx
9 5/8"	7 5/8"	8600'	700 sx & 100 sx
6 1/2"	4 1/2"	Liner 8500-11900	200 sx & 200 sx

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 8-6-87	Date of Test 8-14-87	Producing Method (Flow, pump, gas lift, etc.) 1 1/4" Insert pmp	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 30#	Choke Size NA
Actual Prod. During Test	Oil - bbls. 81	Water - bbls. 35	Gas - MCF 80

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pvt, 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) Engineering Assistant (Title) 8/17/87 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 26 1987 , 19	
BY Original Signed By Les A. Clements Supervisor District 11	
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 available tests taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for all wells 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.	