DISTRIBUTION			
SANTA FE		✓	
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	✓	
	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

AUG 20 '87

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	[ ]	Change in Transporter of:			
Recompletion	[XX]	Oil	[XX]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[XX]	Condensate	[ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
City of Carlsbad Com	1	S. Carlsbad (Delaware)	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 [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 3119 Midland, Tx 79701
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Transwestern [illegible]	Suite 614, First Nat'l Bank Odessa, Tx

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	13	22-S	26-E	Yes	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 Res'v.	Diff. Res'v.
	XX			XX		XX		XX

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-21-73	8-6-87	11900	5075'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3149' GR 3162' KB	Deleware	4595	4653
Perforations			**Depth Casing Shoe**
4595-[illegible]			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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Post ID-2
8-21-87
Comp & BK

OIL WELL

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

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 Julia Collier
(Signature)

Engineering Assistant
(Title)

8/17/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 6 1987 , 19

BY Original Signed By Les A. Clements

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 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 condition.