

NAME OF WELL	✓
DATE	✓
PRODUCER	✓
TRANSPORTER	✓
OPERATOR	✓
PRODUCTION OFFICE	✓

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 23 '88

SEP 23 '88

O. C. D.
ARTESIA, OFFICE

TXO Production Corp. ✓

900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (check proper box)

New Well

Improvement

Change in Ownership

Change in Transporter or

Oil

Continued Gas

Dry Gas

Condensate

Other (Please explain)

effective November 1, 1988

Ex # 2-809 until 10/3/89

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Post Date, including Formation	Kind of Lease	Lease No.
City of Carlsbad	1	S. Carlsbad (Delaware)	State, Federal or Fee Fee	
Location				
Well Letter	0	1980	Post From The East	Line and 660
Line of Section		13	Township	22-S
			Range	26-E
			County	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)
Koch Oil Company		P.O. Box 1558 Breckenridge, TX. 76024
Name of Authorized Transporter of Condensate Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company		Suite 614, First Natl. Bank Odessa, TX. 79762
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	13
		22-S
		26-E
Is gas actually connected?	When	
Yes No	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 as last	Full Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Iterations (DP, RRR, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			9-30-88
			chg L.T. J.M.P.

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

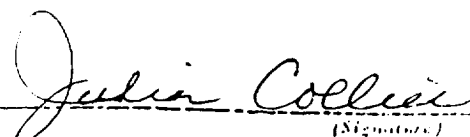
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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)
Engineer Asst.

9-20-88

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1988

BY Original Signed By
Mike Williams
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 calculation of the available tests taken on the well in accordance with RULE 1104.

All sections 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 change of owner, well name or number, or transporter, or other such change of identity.