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LAND OFFICE		
TRANSPORTER	OIL 1	
	GAS 1	
OPERATOR	1	
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-1
Effective 1-1-65

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OCT 20 1981

O. C. D.

ARTESIA, OFFICE

I.

Operator:

TXO Production Corp.

Address:

900 Wilco Building, Midland, Tx 79701

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change of Operator Name from
Texas Oil & Gas Corp. to TXO
Production Corp.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yates Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>East E. 1st</u> <u>Undesignated (Morrow)</u>	Kind of Lease State, Federal or <u>Federal</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> line and <u>660</u> Feet From The <u>West</u> Line of Section <u>18</u> , Township <u>20S</u> Range <u>29E</u> , N.M.P.M. <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corp.</u> <u>Permian (EN 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Delhi Gas Pipeline Corp.</u> <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 591, Midland, Texas 79701</u> <u>Box 2521, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks. Unit: <u>E</u> Sec. <u>18</u> Twp. <u>20S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> when <u>9-3-75</u> <u>2-30-77 DEL</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able 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	Tubing 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

Janna Caudle
Janna Caudle (Signature)
Engineering Asst.
(Title)

10-9-81

(Date)

OIL CONSERVATION COMMISSION

NOV 5 1981

APPROVED

BY

W. A. Gressitt
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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in mult