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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-105
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

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Recompletion

☐

Casinghead Gas

☐

Condensate

☐

Change in Ownership

☐

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	Well No.	Pool Name, Including Formation	Kind of Lease
William A. Federal	2	East Bwln. Flat Undesignated (Morrow)	Federal
Location			
Unit Letter J	1980	Feet From The South Line and	1980 Feet From The East
Line of Section 16	Township 20S	Range 29E	NMCM, Eddy

III. 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)
The Permian Corp		P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.		Box 384, Jal. N.M. 88252
Transwestern Pipeline Co.		Box 2521, Houston, Texas 77001
Delhi Gas Pipeline Corporation		Box 591, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Sec. 16	Twp. 20S
	Range 29E	Yes

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. R.
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 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
(Signature)
Engineering Asst.
(Title)

10-9-81

(Date)

OIL CONSERVATION COMMISSION

NOV 5 1981

APPROVED

BY

W. A. Gussott
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deep tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in a