

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

Form O-101
 Supersedes O-101 (6-60)
 Effective 1-1-65

TXO Production Corp.

900 Wilco Bldg, Midland, TX. 79701

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MAY 10 '88

O. C. D.
ARTESIA, OFFICE

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Crudehead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name

Williamson Federal

Well No. 4

Pool Name: *Strawn*
Wildcat (Strawn)

Kind of Lease

State, Federal or Private Federal

Location

Unit Letter F, 1980 Feet From The West Line and 1980 Feet From The North

Line of Section 15 Township 20-s Range 29-E, N.M.P.M. Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

JM Petroleum

Address (Give address to which approved copy of this form is to be sent)

2000 N. Tower LB 319 Dallas, TX. 75201

Name of Authorized Transporter of Crudehead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit F, Sec. 15, Twp. 20s, Rng. 29E

Is gas actually connected?

When

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 ☐

Stimulate ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.D. & D.

Revisions (DP, RND, RT, GR, etc.)

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
			Post ID-3
			5-21-88
			by L.T. PER

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

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

AS WELL,

Initial Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Rate, Method (flow, 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 here is true and complete to the best of my knowledge and belief.

Julia Collier
(Signature)

Julia Collier

Engineer Asst.

(Title)

5-5-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 16 1988

BY Original Signed By

Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1103. If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the net tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely and filed on time and in compliance with the rules.

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

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MAY 9 1988

**OCD
HOBBS OFFICE**