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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-  
Effective 1-1-65

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OCT 20 1981

O. C. D.

ARTESIA, OFFICE

I. Operator  
Address TXO Production Corp. /  
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 Lease name  
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>Catclaw Draw State Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Catclaw Draw (Morrow)</u>	Kind of Lease <u>State</u>
Location Unit Letter <u>M</u> , <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>18</u> , Township <u>21S</u> Range <u>26E</u> , N.M.P.M., <u>Eddy</u> County			State, Federal or Fee <u>Y-111</u>

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 Corporation</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>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384, Jal, N.M. 88252-</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>18</u> Twp. <u>21S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>11-29-79</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 oil 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

APPROVED NOV 28 1981  
BY W. A. Gressett  
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 deeper 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 all able on new and recompleted wells.

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

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