NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JUL 30 1984
O. C. D.
ARTESIA, OFFICE

DISTRIBUTION	
SANTA FE	
FILE	✓
U.S.G.S.	✓ ✓
LAND OFFICE	
TRANSPORTER OIL	✓
TRANSPORTER GAS	✓ ✓
OPERATOR	X
PRORATION OFFICE	

Operator
TXO PRODUCTION CORP ✓

Address
900 WILCO BLDG, MIDLAND, TX 79701

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☒	Oil	☐	Dry Gas	☒
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)
Added Perfs
Changed Test & Gas Transproter

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
WILLIAMSON FEDERAL "A"	3	EAST BURTON FLAT (MORROW)	State, Federal or Fee FEDERAL	055477

Location
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST

Line of Section 16 Township 20 S Range 29 E , NMPM, EDDY County

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 COPROPATION	P.O. BOX 1183, HOUSTON, TX 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)
FARMLAND IND., INC.	P.O. BOX 7305 - DEPT. @)@, KANSAS CITY, MO. 64116

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	16	20 S	29 E	YES	6-7-82

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 Resv.	Diff. Resv.
		X		X			X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-7-82	6-27-84	11,874	11,731
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3273 GR, 3288 KB	MORROW	11,412	11,644
Perforations			**Depth Casing Shoe**
11,703 - 11,716 11,412 - 11,500			11,788

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	570'	700
12 1/4	8 5/8	3195'	2500
7 7/8	4 1/2	11,876	300
	2 3/8" tbg	11,644	

TEST DATA AND REQUEST FOR ALLOWABLE

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

OIL WELL

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**
			Post FD-3 8-3-84 Wkg. 6T-FEI
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2421	24 hrs	9	62.0
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PRESSURE	3277	0	3/4

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)

JANNA CAUDLE, ENGR. ASST.
(Title)

7-26-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1984, 19 _____

BY ORIGINAL SIGNED BY LARRY BROOKS

TITLE GEOLOGIST - NMOCD

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 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 allowable on new and recompleted wells.

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