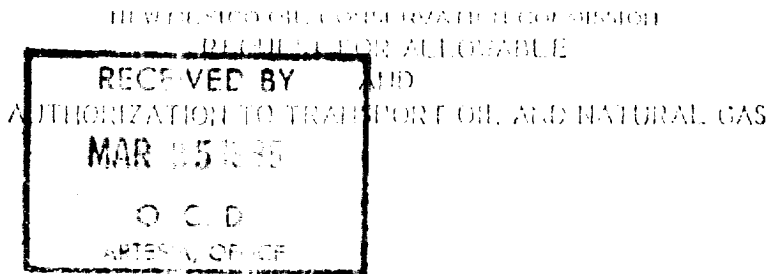


NAME OF PRODUCER	
DATE RECEIVED	✓
FILE	✓
REMARKS	
LOCAL OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	



Form O-104
Superseded by O.C.D. Form
110-104-1-1-85

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 ☐ Continuing Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Challenger Rayroux	Well No. 1	Pool Name, including Formation Lahuerta (Wolfcamp)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P : 660 Feet From The south Line and 660 Feet From The East Line of Section 19 Township 21-S Range 27-E , N.M.P.M. Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corp. (Date 9/1/81)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston TX 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cabot Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1473 Charleston WV 25325					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19	Twp. 21-S	Rge. 27-E	Is gas actually connected? yes	When 4-17-84

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 Res'v. Diff. Res'v. ☒
Date Spudded 9-13-83	Date Compl. Ready to Prod. 14-22-83 11-17-84		Total Depth 11600		P.S.T.D. 11328		
Elevations (DF, RKP, RT, GR, etc.) 3168 KB 3147 GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8936		Testing Depth 8839		
Perforations 8936-64 .31" 29 holes					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 48#	500	200tk st 600 sx "C"
12 1/4	8 5/8 32,28,24#	2865	200 sx 35/65 200sx "C"
7 7/8	4 1/2 13.5, 11.6#	11600	912 sx "H"

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-13-85	Date of Test 3-17-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 520#	Casing Pressure pkc	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 103 BO	Water-Bbls. 11	Gas-MCF 493

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing 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 above is true and complete to the best of my knowledge and belief.

Paul Giff
(Signature)

Production Engineer

(Title)

3-18-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 29 1985**, 19
Original Signed By
BY **Les A. Clements**
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 deepened well, this form must be accompanied by a calculation of the gravity data 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 owner, well name or number, or transporter, or other such change of condition.