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TRANSPORTER — GAS	✓	
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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-110
Effective 1-1-65

RECEIVED BY
MAR 25 1985
O. C. D.
ARTESIA, 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 [X]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

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: State, Federal or Fee	Lease No.
Challenger Rayroux	1	Lahuerta (Wolfcamp)	Fee	

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 , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp. Permian (Eff 9/1/83)	P.O. Box 1183 Houston TX 77001
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Cabot Corp.	P.O. Box 1473 Charleston WV 25325

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	19	21-S	27-E	yes	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.
	X			X		X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-13-83	~~14-22-83~~ 4-17-84	11600	11328
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3168 KB 3147 GL	Wolfcamp	8936	8839
Perforations			**Depth Casing Shoe**
8936-64 .31" 29 holes			

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"
	2 3/8	8839	

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.)	
3-13-85	3-17-85	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	520#	pkr	3/4
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	103 BO	11	493

Post ID-2
4-5-85
Comp & Wolfcamp

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Dave Goff
(Signature)

Production Engineer
(Title)

3-18-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 29 1985, 19____

BY Original Signed 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 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 owner, well name or number, or transporter, or other such change of condition.