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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY OCT 16 1986 O. C. D. ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
TXO Production Corp.

Address
900 Wilco Bldg. Midland, Texas 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)

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	5	~~Burton Flat~~ Wildcat (Bone Springs)	State, Federal or Fee Federal	055629

Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 15 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 Corp. Permian (Eff. 9/1/87)	P.O. Box 1183, Houston, Texas 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)
Phillips Pipeline Company	4001 Penn Brook Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	15	20-S	29-E	Yes	8-~~21~~ 15-86

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.
	XXX		X	~~XX~~		~~X~~		~~X~~

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-19-84	5-~~1~~8-85	~~5-17-85~~ 11,850	11,316
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3296 GR	Bone Springs	7200	7,123
Perforations			**Depth Casing Shoe**
7200- 7220			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	400	500sx
12-1/4	8-5/8	3067	1900sx
	2 3/8	7123	

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.)
8-15-86	11-20-85	Flowing
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	1250	N/A	14/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	192	3	912

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.

Alicia Henderson
(Signature)

Alicia Henderson, Engineering Assistant
(Title)

10-13-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1986, 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 operator, well name or number, or transporter, or other such change of condition.