

IN WITNESS WHEREOF, THE OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 23 '88

O. C. D.
ARTESIA, OFFICE

DATE OF FILING	
FILE NO.	
WELL NO.	
LEASE NO.	
TRANSPORTER	☒ OIL ☒ GAS
OPERATOR	
PRODUCTION OFFICE	

TXO Production Corp. ✓

900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter ☐

Oil ☒

Condensed Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

effective November 1, 1988

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Williamson Federal	Well No. 5	Well Name, Including Formation Getty (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter B	: 660	Feet From The North	Line and 1980	Feet From The East
Line of Section 15	Township 20-S	Range 29-E	County 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)
Koch Oil Company	P.O. Box 1558 Breckenridge, TX. 76024
Name of Authorized Transporter of Condensed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rng. B 15 20-S 29-E
Is gas actually connected?	When

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 Reason ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.
Elevations (D.F., R.R., RT., CR., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post #0-3
			9-30-88
			chg LT: JWP

TEST DATA AND REQUEST FOR ALLOWABLE

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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 (Flow, back pr.)	Testing Pressure (Chart-In)	Casing Pressure (Chart-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.

Julia Collier Julia Collier
(Signature)
Engineer Asst.

9-20-88

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1988

BY Original Signed By
Mike Williams

TITLE

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 monthly tests taken on the well in accordance with RULE 1104.

All sections of this form must be filled out completely for all wells on new and re-completed 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 conditions.