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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

APR 30 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

A.C.D.
ARTESIA, OFFICE

Operator TXO Produccion Corp. ✓	Well API No.
Address 415 W. Wall Suite 900 Midland, TX. 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> DUAL COMPLETION-
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Morrow/Bone Spring
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williamson Federal	Well No. 5	Pool Name, Including Formation Getty (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 15 Township 20-S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609 Midland, TX. 79701					
Name of Authorized Transporter of Casinghead Gas Phillips 66 Petroleum <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX. 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 20-S	Rge. 29-E	Is gas actually connected? Yes	When? 4/1/90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Workover		XX		XX			XX	
Date Spudded 3/14/90	Date Compl. Ready to Prod. 3/21/90		Total Depth 11,950'		P.B.T.D. 11,908'			
Elevations (DF, RKB, RT, GR, etc.) 3296 GL, 3317 KB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7200'		Tubing Depth 11,316'			
Performances 7200, 01, 03, 04, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20					Depth Casing Shoe 11,316'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT Part ID-2 6-8-90 comp BS			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 50	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 70	Choke Size 3/4

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Julia Collier
Printed Name
Julia Collier
Date
4/23/90
Title
Engineer Asst. II
Telephone No.
(915) 682-7992

OIL CONSERVATION DIVISION

Date Approved
MAY 29 1990
By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.