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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TXO Production Corp.	Well API No.
Address 415 West Wall, Suite 900, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 10	Pool Name, including Formation Burton (Delaware)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 660' Feet From The East Line and 1680' Feet From The North Line Section 18 Township 20-S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Delhi Pipeline Company & Affil Transwester Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1700 Pacific Ave., Dallas, Texas 75201-4676 P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When? 9/9/75

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-26-90	Date Compl. Ready to Prod. 2-17-90	Total Depth 3404'		P.B.T.D. 3349'				
Elevations (DF, RKB, RT, GR, etc.) 3265 GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 3216'		Tubing Depth 3160'				
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 1/8"	238'		280 sx Post FD-2				
12 1/4"	9 5/8"	1217'		900 sx 5-18-90				
8 3/4"	7"	3107'		600 sx camp BH				
6 1/4"	4 1/2"	3404'		100 sx				

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 2-16-90	Date of Test 2-18-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 60#	Casing Pressure 120#	Choke Size 3/8"
Actual Prod. During Test 145	Oil - Bbls. 145	Water - Bbls. 0	Gas- MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Jay Pulte
Jay Pulte Engineer
Printed Name
2/22/90 (915) 682-7992
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 16 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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