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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 W. WALL Suite 900 Midland, TX. 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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	

RECEIVED

JUN 18 '90

O. C. D.
ARTESIA OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat Federal	Well No. 1	Pool Name, Including Formation Burton Flat East (Strawn)	Kind of Lease State, Federal or Fee	Lease No. NM-0506771
Location				
Unit Letter N : 900 Feet From The South Line and 1815 Feet From The West Line				
Section 11 Township 20S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline	P.O. Box 2436 Abilene, TX. 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Delaware Natural Gas Co. Inc.	9111 Jollyville Rd. #215 Austin, TX. 78759
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
N 11 20S 29E	No Yes 6/20/90 6-16-90

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
		XX	XX					
Date Spudded 2/16/90	Date Compl. Ready to Prod. 6/2/90	Total Depth 11675 (MD)/10874 (TVD)		P.B.T.D. 11668 (MD)/10867 (TVD)				
Elevations (DF, RKB, RT, GR, etc.) 3301 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11322 (MD)		Tubing Depth 11272 (MD)			
Perforations 11322-34', 11334-48', 11354-66', 11488-95', 11506-16', 11602-9'					Depth Casing Shoe 11675 (MD)			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		511'		1075 Post TD-2			
17 1/2"	13 3/4"		1500'		1450 7-6-90			
12 1/4"	8 5/8"		3094'		1245 comp & BK			
7 7/8"	4 1/2"		11675'		800			

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 732 MCFD	Length of Test 24 hrs	Bbls. Condensate/MMCF 275 BOPD	Gravity of Condensate 52°
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 770#	Casing Pressure (Shut-in) Pkr	Choke Size 18/64

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 Production Engineer
Printed Name _____ Title _____
6/12/90 (915) 682-7992
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUN 29 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.