1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

RECEIVED

P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 8750						ľ	NOV 9 C		CIGT
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST F	OR A	LLOWA	BLE AND	AUTHORI		ION4	O. C. D RTESIA, OFF		UP
Operator		TOTRA	ANSP	ORT OI	L AND NA	TURAL G	<u>AS</u>	Wall	API No.		; ·
TXO Production	n Corp.							*******	41110		
Address 415 W. Wall S	uite 9	00 MI	dlan	d, tx.	79701	 	<u></u>				
Reason(s) for Filing (Check proper box)		<u> </u>		<u> </u>		et (Please expl	ain)				<u> </u>
New Well	•	Change in		_							
Recompletion	Oil Casinghea	d Gas 📋	Dry Go Conde								1/2/4/3
If change of operator give name and address of previous operator											Property Section
DESCRIPTION OF WELL	AND LEA	ASE									M. B.
ease Name Well No.				0					of Lease	ease No.	
Waltershchied Location	<u> </u>	1	l C	arlsbac	d, E. (W	olfcamp)		State,	Federal or Fe	<u>e</u>	
Unit LetterE	. 19	07	_ Feet Fr	rom The _	North Lin	e and	35	Fe	et From The	West	Line
Section 14 Townsh	lp 22-	s	Range	27-1	E , N	мрм,	Ede	dy		<u> </u>	County
DESIGNATION OF TRAN	ISPORTE	R OF O	II. AN	D NATTI	RAT. GAS				_		
Name of Authorized Transporter of Oil		or Conder		XX		Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	och Oil Company P.O. Box						Bre	cken	ridge,	TX. 7602	24
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas XX		e address to wi					
Maple Gas Corp. If well produces oil or liquids,	Unit	Sec.	Twp.	1 8						0. 80210) 🤌
give location of tanks.	E	14	22÷	Rge. s 27-1	•	y commected? Ces	i	When	-	1-85	\hat{q}_{r}/\hat{q}_{s} .
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth		l,	لـــــــــــــــــــــــــــــــــــــ	P.B.T.D.	<u> </u>	***
Elevations (DF, RKB, RT, GR, etc.)	oducing Fo	omation		Top Oil/Gas Pay				Tubing Depth			
Perforations	1	•			<u> </u>				Depth Casin	g Shoe	- 130 - 130
·											
					CEMENTI		D				And the second second second second
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT POT ID-3		
									11-17-89		
									cha GT; CAB		
V. TEST DATA AND REQUES	T FOR A	HOW	ARIE						~		
OIL WELL (Test must be after t				oil and must	be equal to or	exceed top allo	wable	for this	depth or be f	or full 24 hou	73.)
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 - Bbis.				Gas- MCF		
GAS WELL					1				L		- 144 - 144 - 144
Actual Prod. Test - MCF/D	Length of T	CSL			Bbls. Conden	mic/MMCF			Gravity of C	ondensate	***
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size		
Testing Method (pitot, back pr.)	ruoing Free	enie (Suit	-ш <i>)</i>		Casing Press.	re (Snut-10)			CHOKE SIZE		13.11
WINOPERATOR CERTIFIC				CE		OIL CON	SEI	D///	TION)NI
I hereby certify that the rules and regul Division have been complied with and	that the inform	nation give				AL CON	اعادا		NOV 1 :		ZIN
is true and complete to the best of my	mowiedge an	u pelief.		•	Date	Approve	d	1	YUV 1) 1 3 00 .	

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

(915)

Printed Name

Date

11-6-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

ORIGINAL SIGNED BY

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Engineer Title 682-7992

Estimate only Sections Latt. Illand, VI for changes of operators well name or number, transporter or other such changes

Asst

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.