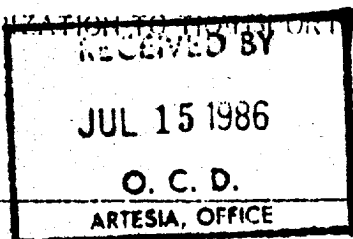


DATE RECEIVED	
DEPARTMENT	
SANTA FE	☒
FILE	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form O-104
Supersedes OIL O-101 and
OIL-OVS 1-1-65



Operator
TXO Production Corp. ✓

Address
900 Wilco Bldg. Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	To add gas and condensate gathers, and show new test information.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
Delta Fee "B"	1	East Carlsbad (Wolfcamp)	State, Federal or Fee	Fee
Location				
Unit Letter	B	990 Feet From The North	Line and	1980 Feet From The East
Line of Section	14	Township	22-S	Range
			27-E	N.M.P.M.
				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)
Tesoro Crude Oil Co.	8700 Tesoro Dr. San Antonio, Tx. 78286
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Cabot Corporation	P.O. Box 1473, Charleston, WV 25325
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B Soc. 14 Twp. 22-S Rge. 27-E	Yes 6-19 7-7-86

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	Stake Prod. Test
		XX	XX				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4-23-85	6-24-85	10,700	7,215				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3082 GL & 3110 KB	Wolfcamp	9707	9590				
Perforations			Depth Casing Shoe				
9707-9557							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	450	450sx "C"
12-1/4	8-5/8	2600	1330sx "I"ite & 300sx "C"
7-7/8	4-1/2	10,650	800sx "H"
	2-3/8 tubing	9590	

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.)	Post ID-3 7-18-86 Add LT: TCO GT: CAB
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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
864	24 hrs.	12705	54.6°
Testing Method (flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size
Flowing	1100#		12/64"

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.

Alicia Henderson
(Signature)
Engineering Assistant
(Title)
7-14-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1986
BY Original Signed By Les A. Clements
TITLE Supervisor District II

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 available tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on gas and condensate 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 condition.