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TRANSPORTER OIL	✓	
TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JUL 15 1986
O. C. D.
ARTESIA, OFFICE

Operator

TXO Production Corp. ✓

Address

900 Wilco Bldg. Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

To add gas and condesate gathers, and show new test information.

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 No.
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 , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	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 [X]	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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	14	22-S	27-E	Yes	6-19-86

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	Same Res'v.	Diff. Res'v.
		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 "lite & 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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Post ID-3
7-18-86
Add LT; TCO
GT; CAB

OIL WELL

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
864	24 hrs.	12705	54.6°
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**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, 19____

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 deviation tests taken on the well in accordance with RULE 111.

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