NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓ ✓
U.S.G.S.	
LAND OFFICE	
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

RECEIVED BY
MAR 24 1987
O. C. D.
ARTESIA, OFFICE

Operator
TXO Production Corp.

Address
900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
effective April 1, 1987

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 : 900 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 ☒
Koch Services, Inc.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1558 Breckenridge, TX. 76024

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Cabot Corp.
Address (Give address to which approved copy of this form is to be sent)
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	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	Same Reserv.	Diff. Res.
		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
			Post ID-3 3-12-87 chg LT: TCD

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)

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.

Julia Collier
(Signature)

Engineer Asst.
(Title)

3-20-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1987, 19

BY Original Signed By Mike Williams

TITLE Oil & Gas Inspector

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 operator, well name or number, or transporter, or other such change of condition.