

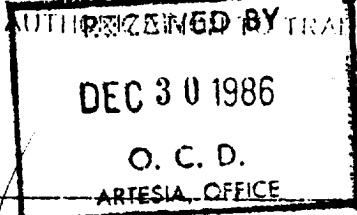
SALE PRICE	☒
FILE	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseded O.C.C. Form
E.O. 11644-1-65

TXO Production Corp.

Address

900 Wilco Bldg.

Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

PLACED ON 3-1-87

UNLESS AN EDDY FORM IS

FILED WITH IT

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Includ. Formation	Kind of Lease	Lease No.				
Delta Fee "C"	1	Carlsbad, East (Wolfcamp)	State, Federal or Fee	Fee				
Location	Unit Letter	1980	Feet From The	West	Line and	990	Feet From The	North
Line of Section	12	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)					
The Permian Corp.	P.O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	C	12	22-S	27-E		

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	Shut-in	Full Flow
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-09-86	12-11-86	10,070	10,020					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3093 GL & 3109 KB	Wolfcamp	9819 9811	9929					
Perforations	Depth Casing Shoe							
9819, 30, 31, 32, 39, 41, 49, 50, 54, & 57. 9811, 9817, 9861								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	11-3/4"	480	700sx "C" 2% CaCl
11	8-5/8"	2700	300sx "C" 2% CaCl
			1400sx Lite
7-7/8"	4-1/2"	10070	700sx "H" & 350sx

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 test taken on the well in record, new with RULE 111.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-12-86	12-19-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs.	85#	N/A	24/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	11	0	35

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

12-29-86

(Date)

OIL CONSERVATION COMMISSION

DEC 30 1986

APPROVED _____, 19

Original Signed By

BY _____

Supervisor District II

TITLE _____

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 monthly tests taken on the well in record, new 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.