

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND

Form O.C.D. 1  
 Approved by O.C.C. 11/11/85

TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
**FEB 12 1987**  
 O. C. D.  
 ARTESIA, OFFICE

SALE AREA	<input checked="" type="checkbox"/>
FIELD	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

TXO Production Corp.

Address  
 900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Delta Fee</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Carlsbad, E. (Wolfcamp)</b>	Kind of Lease <b>Fee</b>
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b>		Line of Section <b>2</b>	Township <b>22-S</b> Range <b>27-E</b> County <b>Eddy</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Koch Services, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1558 Breckenridge, TX. 76024</b>
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Cabot Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1473 Charleston, W.V. 25325</b>
If well produces oil or liquids, give location of tanks. Unit <b>P</b> Sec. <b>2</b> Twp. <b>22-S</b> Rge. <b>27-E</b>	Is gas actually connected? <b>Yes</b> When <b>7-8-86</b>

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	Stim. Treatm.
		<input checked="" type="checkbox"/>					
Date Spudded <b>12-22-85</b>	Date Compl. Ready to Prod. <b>7-8-86</b>	Total Depth <b>11,915</b>	P.B.T.D. <b>11,465</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>3082 GL &amp; 3103 KB</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>9700</b>	Testing Depth <b>9603</b>				
Perforations <b>11692-793, 11619-646, 11541-625, 9700-045</b>		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT
15	11-3/4	445	300sx "C"
11	8-5/8	2693	475sx Lite & 300sc
7-7/8	4-1/2	11915	900sx Lite & 1200sx "H"
	2 3/8	9603	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed 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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - bbls.	Water - bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/24	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
<b>1454</b>	<b>24 hrs.</b>	<b>10,932</b>	<b>60</b>
Testing Method (flow, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-in)	Choke Size
<b>Back Pressure</b>	<b>1800</b>	<b>n/a</b>	<b>14/64</b>

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 here is true and complete to the best of my knowledge and belief.

*Julia Collier*  
 (Signature)

Engineer Asst.  
 (Title)

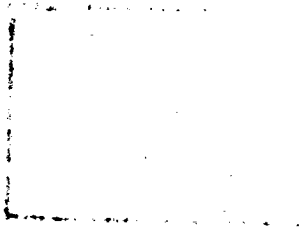
2-11-87  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 16 1987**, 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 reworked well, this form must be accompanied by a certification of the volume tests taken on the well in accordance with Rule 1111.  
 All sections of this form must be filled out completely for the well or new and reworked wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, of transporter, or other such change of records.



**RECEIVED**  
**FEB 12 1987**  
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