OIL CONSERVATION DIVISION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 23 '88
O. C. D.
ARTESIA, OFFICE

Operator: TXO Produciton Corp.

Address: 900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box): New Well [ ] Recompletion [ ] Change in Ownership [ ] Change in Transporter [ ] Oil [ ] Dry Gas [ ] Condensate [X] Other (Please explain): effective November 1, 1988

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.
O'Brien "B"	1	Lost Lake (Strawn)	State, Federal or Fee Fee	

Location: Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The South

Line of Section 11 Township 9-S Range 29-E NMPM Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Koch Oil Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1558 Breckenbridge, TX. 76024

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]: Cities Service Pipeline Co.
Address (Give address to which approved copy of this form is to be sent): Box 3758 Tulsa, Ok. 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	11	9-S	29-E	Yes	6-1-83

If this production is commingled with that from any other lease, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Rec'd ID-3 9-30-88 chg LT: JMP

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)

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

Testing Method (Pitot, 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 Division 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) Julia Collier

Engineer Asst.
(Title)

9-20-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1988, 19

BY Original Signed By Mike Williams

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 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, transporter, or other such changes of condition.