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hppropriate District Office
hSTRICT 1
20. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department CEIVED

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II 2.0. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SEP 26 '89

STRICT III OU Rio Brazos Rd., Aziec, NM 87410							ال تاسيمين	١.			
	REQU	JEST FO TO TRA	DR A' NSP	ORT OIL	E AND A AND NAT	UTHORIZ	BIERRY OF	FIER			
TO TRANSPORT OIL AND NATURAL G							Well API No.				
TXO Production	Corp. /				***************************************						
ddress		นเลา		mv 7070	11		_		•		
415 W. Wall Sui	te 900	MIGIA	na,	TX. /9/0		s (Please expla	<u>''</u>				
ew Well		Change in	Transp	orter of:	_	an picke		r oil on	this we	ell	
ecompletion 🔲	Oil		Dry 0	ليا مط		stake.					
hange in Operator	Cannghea	ad Gas 🔲	Conde	male	_	ame. Koci	_				
change of operator give name d address of previous operator											
DESCRIPTION OF WELL	AND LE	ASE									
case Name		Well No. Pool Name, los			ing Formation			Kind of Lease Leas State, Federal or Fee		ase No.	
O'Brien "T"		1	Lo	ost Lake			State,	reactal or rec			
ocation		200			•	100					
Unit Letter K	_ :15	980	. Feat	From The	West La	and198	<u> </u>	et From The _	South	Lio	
Section 11 Townsh	ip 9-	-s	Rang	e 29-1	E , N	мРм,	Chav	es		County	
T DECICNATION OF THE	NCDODT	CD 07 0	** .	NID NIA OTT IE							
II. DESIGNATION OF TRAI Name of Authorized Transporter of Ou	13FUKII	or Conde				e address to wi	hich opproved	copy of thus fo	orm is to be se	ni)	
Koch Oil Company Carmany					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 X											
Cities Service		Box 3		sa, Okla	74102						
f well produces oil or liquids, ive location of tanks.	Unit	Soc						When?			
		K 11 9-5 29-						6/1/83			
this production is commingled with the V. COMPLETION DATA	T I TOWN TRANC	mer lease or	r poot,	So As community	ing order mun						
		Oil Wel	ii	Gas Well	New Well	Workover	Deepca	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			لُــٰـ		<u> </u>	<u> </u>	1	Ļ	11	1	
Date Spekted	Date Cor	mpl. Ready t	Lo Prod		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dan	Tubing Depth		
mer made (me) seems (111) Girl 600.)					, ,						
Perforations								Depth Casin	ng Shoe		
									 		
TUBING, CASING ANI					CEMENT				DACKS SENENT		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					 						
	1										
V. TEST DATA AND REQU											
OIL WELL (Test must be after			e of lo	ad oil and mus					for full 24 ho	urs)	
Date First New Oil Run To Tank	Date of	Test			Producing P	dethod (Flow.)	osamp, gas iyi	est j			
Length of Test	Tubias	Tubing Pressure				Casing Pressure			Choke Size		
		Od - Bbis				Water - Bbla			Gas- MCF		
Actual Prod. During Test	Od - Bb										
					1						
GAS WELL								. , ,			
Actual Prod. Test - MCF/D	Length	of Test			Bbls. Cond	en se se MMCF		Gravity of	Gravity of Condensate		
Testing Method (puot, back pr.)	Tubine	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Parameter (h out passer by .)	were he's				cental Licensia (20040)			312			
VL OPERATOR CERTIF	ICATE (OF COM	(PLI	ANCE	7				 · ·		
I hereby certify that the rules and re					1	OIL CO	NSER'	/ATION	DIVISI	ON	
Division have been complied with a				bove	[[SEP 2	9 1090		
is true and complete to the best of t	my Kzaczewiecig	,c and belief,		_	Da	te Approv	ed	JEF &	3 1909		
Julia Collier	1	O. a.s. 1	PA	lier			1.				
Signature Signature	- gui	in (M	<u>uu</u>	Ву	_722	Re he	Mh			
<u>Julia Collier</u>	En	gineer				·			DICT U		
Printed Name ' : 9/22/89	(91	5) 68:	77 2-79	⊔ е 92	Tit	e <u>S</u>	UFFRVIS	OR, DIST	RICI II		
Date				noe No.	[]						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) 'All sections' of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.