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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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DT  
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Op

10 16 '89

C. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator TXO Production Corp.	Well API No.
Address 415 W. Wall Suite 900 Midland, TX. 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompleted in new field	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 4	Pool Name, Including Formation Burton Flat E. Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 660 Feet From The EAST Line and 1980 Feet From The NORTH Line Section 18 Township 20S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, TX. 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> ENRON	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX. 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When? 7/2/89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 6-22-89		Total Depth 11,690		P.B.T.D. 11,185			
Elevations (DF, RKB, RT, GR, etc.) 3265' 6 1/2	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,446		Tubing Depth 10,360			
Perforations 10,446-10,576					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Same								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	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 1524	Length of Test 24	Bbls. Condensate/MMCF 4	Gravity of Condensate 63
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 100 #	Casing Pressure (Shut-in) Pks.	Choke Size 3/4"

VI. OPERATOR 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.

Signature Julia Collier  
Printed Name Julia Collier Engineer Asst. II  
Date 8/1/89 Telephone No. (915) 682-7992

OIL CONSERVATION DIVISION

Date Approved AUG 1 8 1989

By ORIGINAL SIGNED BY  
MINE COLLIER  
SUPERVISOR, DISTRICT II

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.