

HOWARD COUNTY OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Superseded O.C.C. Form
11-10-1975

NAME OF WELL	
DATE	
REMARKS	
LAND OF WELL	
TRANSPORTED	OIL GAS
OPERATOR	
PERMITS OFFICE	
Operator	

TXO Production Corp.

Address

900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☒

Dry Gas

☐

Condensed Gas

☐

Condensate

☐

Other (Please explain)

effective October 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	County					
Yates State	2	Gladiola Wolfcamp	State, Federal or Fee	State					
Location	Unit Letter	H	2310	Feet From The	North	Line and	330	Feet From The	East
Line of Section	16	Township	12-S	Range	38-E	N.M.P.M.	Lea	Co.	

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)				
Permian Corp.		P.O. Box 3119 Midland, TX. 79702				
Name of Authorized Transporter of Condensed Gas	☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum		Box 1589 Tulsa, Ok. 74102				
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rec.	Is gas actually connected?	When
	H	16	12-S	38-E	Yes	5-18-88

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	Some (Specify)	Full
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Elevations (B.P., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)

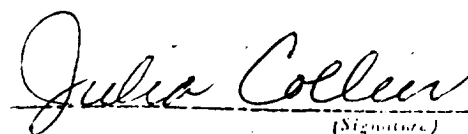
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-DBls.	Water-DBls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	DBls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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.


Julia Collier

Engineer Asst.

8-16-88

(Date)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all data on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.