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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Date Filed
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
TXO Production Corp.

Address
900 Wilco Bldg. Midland, TX. 79701

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:	
Recompletion		Oil	X
Change in Ownership		Casinghead Gas	
		Dry Gas	
		Condensate	

Other (Please explain)
effectove May 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.
Sprinkle Federal	1	Querecho Plains (U.Bone Spring)	State, Federal or Fee Federal	

Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 26 Township 18-S Range 32-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
JM Petroelum Corp.	2000 N. Tower LB 319 Dallas, TX. 75201
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips ~~Petroleum Corp~~ 66 Nat. Gas	Phillips Bldg. Bartleville, OK. 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	26	18-S	32-E		

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	Same Res'v.	Diff. Res'v.

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

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)

OIL WELL

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 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

Julia Collier
(Signature)

Engineer Asst.
(Title)

4-12-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 operator, well name or number, or transporter, or other such change of condition.