

NEW YORK STATE DEPARTMENT OF CONSERVATION
REGULATION AND CONTROL
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

How Obtained
Superior Oil Co. Inc.
1204-1-1-65

NAME OF OPERATOR	
FILE NO.	
DATE	
WELL NO.	
LEASE NO.	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
OFFICE	

TXO Production Corp.

Address
900 Wilco Building; Midland, TX 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sprinkle Federal	Well No. 1	Pool Name, including Formation Bask, N. (Bone Springs)	Kind of Lease State, Federal or Free Federal	NM No. 40452
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 , N.M.P.M. Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company of Texas, Inc.	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 ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Soc. Top. Rec. Is gas actually connected? When

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	Shut-in	Other
Date spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D ₁ , R ₁ , RT, CR, 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 OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

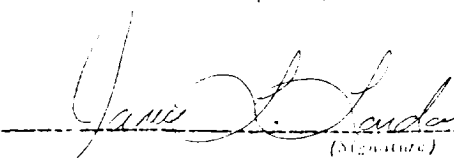
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Inch.	Water-Inch.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Date, Condensate-MCF	Gravity of Condensate
Testing Method (pilot, 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.


Jamie L. London
Engineer Asst.

(Date)

9-1-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEPT 1 1985**, 19

BY **ORIGINAL** **SECRETARY**

TITLE

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

If this be a request for allowable for a newly drilled or re-completed well, this form must be accompanied by a completion of the well test taken on the well in accordance with RULE 1104.

All new wells of this form must be filled out completely for all other cases and re-completed wells.

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