NO. OF COPIES RECEIVED

| | | |
|---|---|---|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
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)

| | | | | Other (Please explain) |
|---|---|---|---|---|
| New Well | | Change in Transporter of: | | |
| Recompletion | | Oil | | Dry Gas |
| Change in Ownership | | Casinghead Gas | X | Condensate |

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. |
|---|---|---|---|---|
| Burleson Federal | 1 | Querecho Plains (Bone Springs) | State, Federal or Fee Federal | NM-1400 |

Location

Unit Letter B : 660 Feet From The North Line and 2310 Feet From The East

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) |
|---|---|
| Koch Oil Company of Texas | P.O. Box 1558 Breckenridge, TX. 76024 |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| Phillips 66 Natural GAs | 4001 Penn Brook Odessa, TX. 79762 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | B | 26 | 18-S | 32-E | Yes | 3/26/86 |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | X | | | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 11-2-85 | 12-10-85 | 8700 | 8613 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3762 GL & 3777 KB | Bone Springs | 8512 | 8402 |

| Perforations | Depth Casing Shoe |
|---|---|
| 8512-8526: 8542-8572 | |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 15 | 11 3/4 | 350 | 485 sx "C" |
| 11 | 8 5/8 | 2800 | 1750 sx Lite & 500 sx |
| | | | |
| 7 7/8 | 4 1/2 | 8700 | 430 sx Lite & 775sx |

## 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.) |
|---|---|---|
| 12-10-85 | 12-27-85 | Flowing |

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
|---|---|---|---|
| 24 hours | 200 | N/A | 22/64 |

| Actual Prod. During Test | Oil-bbls. | Water-bbls. | Gas-MCF |
|---|---|---|---|
| | 240 | 43 | 350 |

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
(Signature)

Julai Collier

Engineer Asst.
(Title)

4-2-86
(Date)

## OIL CONSERVATION COMMISSION

APPROVED APR 15 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

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.