

NAME OF WELL	
DATE	
MAJOR USE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

THE WELL TO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104
Revised by OTC-ET-100-11
11-1-1984

TXO Production Corp.

Address
900 Wilco Bldg. Midland, Texas 797901

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Approval to take casinghead gas from this well must be obtained from the Minerals Management Service - BLM

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
French Federal	1	Querecho Plains Bone Springs (Upper)	State, Federal or Fee	Federal NM-2945

Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West

Line of Section 24 Township 18-S Range 32-E, NMPM, Lea County

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)
Koch Oil Co. Of Texas	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	24	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	Shut In	Full Flow
	XXX		XXX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-15-86	3-19-86		8700		8622			
Elevations (DB, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
3777 GL & 3789 KB	Upper Bone Springs		8534					
Perforations					Depth Casing Shoe			
8534-68								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	350	725sx "C"
11"	8-5/8"	2800	500sx "C" & 1500sx "lite"
7-7/8"	4-1/2"	8700	780sx lite #3, #5

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 allowable for this depth or be for full 24 hours)

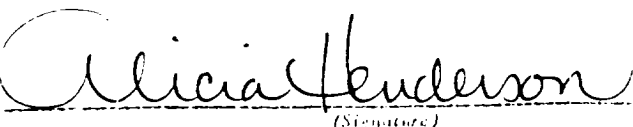
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-20-86	3-22-86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	30#	N/A
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF
	120	55	150

GAS WELL

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



Engineering Assistant

3-26-86

(Date)

OIL CONSERVATION COMMISSION

APR 11 1986

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 form is to be used for allowable for a newly drilled or re-completed well, this form must be accompanied by a completion of the well test report taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for the data on new 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 condition.