

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104
Supersedes OCS-103 and
OCS-104-1-1-65

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
NAME OF FIELD	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
DATE	

TXO Production Corp.

Address
900 Wilco Bldg. Midland, TX. 79701

(Reasons for filing (check proper box))

New Well ☐ Change in Transporter of:
Incompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead 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	Lease
Hightower "A"	1	Shipp Strawn	State, Federal or Fee	Fee
Location				
Unit Letter	A	571 Feet From The North Line and 554 Feet From The East		
Line of Section	4	Township 17-S	Range 37-E	Lea

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)
Texas New Mexico Pipeline	P.O. Box 2528 Hobbs, New Mexico
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 66 Natural Gas	Box 358 Borger, TX. 79007
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rng. A 4 17-S 37-E
Is gas actually connected?	When Yes 6-8-88

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	Stimulate	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Elevations (DT, RKB, 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 load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

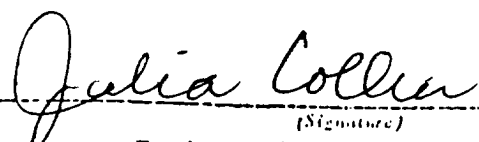
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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)

OIL CONSERVATION COMMISSION

APPROVED Aug 18 1988, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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 casing
logs taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all
casing logs and completed wells.

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

RECEIVED

AUG 17 1960

FD
HALLS OFFICE