

NAME OF OPERATOR	
SALE PRICE	
DATE	
WELL NO.	
WELL DEPTH	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding O-104 and O-104A
Effective 1-1-85

TXO Production Corp.

Address
900 Wilco Bldg., Midland, TX 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Incompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate Gas ☐ Condensate ☐	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hightower "A"	Well No., Pool Name, including Formation 1 Shipp Strawn	Kind of Lease State, Federal or Fee Fee	Lease No.
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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, NMPM, Lea County
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DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Services, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit A Soc. 4 Twp. 17-S Rge. 37-E	Is gas actually connected? Negotiating Contract	When
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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 ☐ Stucco Repair ☐ Patch Test ☐		
Date Spudded 3-10-88	Date Compl. Ready to Prod. 4-16-88	Total Depth 11,400'	P.B.T.D. 11,339'
Productions (D.P., R.R.D., R.T., G.R., etc.) 3778.6 GL	Name of Producing Formation Shipp Strawn	Top Oil/Gas Pay 11,201'	Tubing Depth
Perforations 11,201-11,286' (26 holes)			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	431'	310 sx "C"
11"	8 5/8"	4185'	150 sx 35/65 poz lite C
			250 sx C
7 7/8"	5 1/2"	11,405'	250 sx H 50/50 poz

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)

First New Oil Run To Tanks 4-17-88	Date of Test 4-21-88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 155	Casing Pressure packer	Choke Size 24/64"
Prod. Prod. During Test 308	Oil - Bbls. 308	Water - Bbls. 0	Gas - MCF 300

AS WELL,

Prod. 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

STATEMENT 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.

Beth Cune
(Signature)
Secretary
(Title)
4-22-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 26 1988, 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 pressure tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely regardless of how many and completed wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of identification.