

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OIL O-103 and O
LH O-104 1-1-65

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator **TXO Production Corp.**

Address **900 Wilco Bldg. Midland, TX. 79701**

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Incompletion	☐	Oil	☒	Dry Gas	☐
Change in Ownership	☐	Condensate Gas	☐	Condensate	☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Penron - Byers	Well No.; Pool Name, including Formation 1 Shipp Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location			
Unit Letter P	810 Feet From The South Line and 660 Feet From The East		
Line of Section 3	Township 17-S	Range 37-E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88240
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐ Phillips 66 Petroleum Natl Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX. 79762
If well produces oil or liquids, give location of tanks.	Unit P Soc. 3 Twp. 17-S Rge. 37-E
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	Same Prod. Well	Ref.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, 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 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.)	
Length of Test	Tubing 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.)	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)
Engineer Asst.
(Title)
8-4-88
(Date)

OIL CONSERVATION COMMISSION

AUG 08 '88

APPROVED _____, 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 available 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 IV for changes of owner, well name or number, or transporter, or other such change of conditions.