

HOWARD COUNTY CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised by O.C.C. 11-1-84
H.C. 100-1-1-85

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

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 ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name **Jordan "B"** Well No. **2** Pool Name, including Formation **Osudo, N. (Wolfcamp)** Kind of Lease **State, Federal or Fee Fee** Lease No. **30-025-29203**
Location
Unit Letter **G** : **1980** Feet From The **North** Line and **2310** Feet From The **East**
Line of Section **11** Township **20-S** Range **35-E** , N.M.P.M. **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)
Phillips Petroleum Corp. **Phillips Bldg. Bartlesville, OK 74004**
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **11** Twp. **20-S** Rge. **35-E** Is gas actually connected? **Yes** When **8/26/85**

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
			X					
Date Spudded 4/12/85	Date Compl. Ready to Prod. 6/17/85	Total Depth 13,271	P.S.T.D. 11950					
Elevations (D.F., R.K.B., RT, GR, etc.) 3662 GL& 3683 KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11440	Taking Depth					
Perforations 11,440 - 11,450			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	65#	420	350sx "C" 2% CaCl
14 3/4	40.5#	4288	2000sx "lite"&500sx "C"
9 1/2	23# & 26#	12007	900sx 50/50 poz
6 1/8		12,844,12,246,12,057	75sx "H" (25sx each)

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)

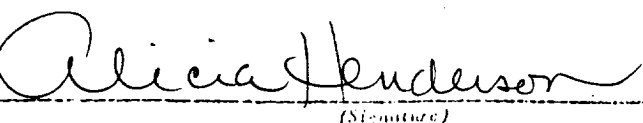
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BSls.	Water-BSls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	BSls. Condensate/MCF	Gravity of Condensate
1500	4 1/2	8265	55
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2700	Pkr.	3/8

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.


(Signature)

Engr. Asst.

(Title)

9-5-85

(Date)

OIL CONSERVATION COMMISSION

SEP - 9 1985

APPROVED _____, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT 1 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 re-completed well, this form must be accompanied by a tabulation of the well test data taken on the well in accordance with RULE 111.

All portions 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 owner, well name or number, or transporter, or other such change of condition.

RECEIVED

SEP -6 1985

G.C.D.
HOESS OFFICE