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Appropriate District Office  
DISTRICT I  
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DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources D

CONFIDENTIAL  
HOLD 90 DAYS

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator TXO Production Corp.		Well API No. 30-025-30848
Address 415 W. Wall Suite 900 Midland, TX. 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hamon Federal Com	Well No. 1	Pool Name, Including Formation Quail Ridge (Morrow)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 660' Feet From The North Line and 1980' Feet From The East Line Section 7 Township 20S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corp.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, TX. 79702				
Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 723 Silver Ave. SW Albq, NM				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twsp. 20S	Rge. 34E	Is gas actually connected? Yes	When? 8/8/90

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/28/90	Date Compl. Ready to Prod. 8/8/90		Total Depth 13700		P.B.T.D. 13654			
Elevations (DF, RKB, RT, GR, etc.) 3610.5 GL, 3633 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 13222		Tubing Depth 13471			
Performations 13524-33', 13330-52', 13252-65', 13222-229'					Depth Casing Shoe 13700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		418'		450 sx			
12 1/4"	8 5/8"		5209'		4360 sx			
7 7/8"	5 1/2"		13700'		550 sx			
-	2 7/8"		13471'		-			

V. 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 Tank	Date of Test 8/12/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 91	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 7789	Length of Test 24	Bbls. Condensate/MCF 475 BOPD	Gravity of Condensate 56.6
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (MMHG) Flow 2525#	Casing Pressure (MMHG) Flow 2460#	Choke Size 25/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature Jay Pulte  
Printed Name Jay Pulte Engineer Title  
Date 8/15/90 (915) 682-7992 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 8/15/90

By STYTON

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.