Subtlet 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.		UIR	MNOI	PURT UIL	ANU NA	I UNAL G					
Operator							Wel	API No.			
TXO Produciton Cor	citon Corp.							30-025-30	0-025-30848		
Address											
415 W. Wall Suite	900 Mid	land,	TX.	79702							
Reason(s) for Filing (Check proper box)					_XX Ouh	es (Please expl	ain)				
New Well		Change is	_	sporter of:	Res	quest pe	rmissio	n to move	e 4000 F	BLS	
Recompletion	Oil	L	Dry	Gas 🖳	of	indensa	test t	anks for	the mor	ıth .	
Change in Operator	Casinghead	i Gas 📋] Cond	densate 📗		August 1					
If change of operator give name									,		
and address of previous operator						· · ·,					
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Include					ing Formation			Kind of Lease Lease			
					dge (Morrow)			State, Federal or Fee			
Location							·····				
.	. 660			r No	orth	and198	0.1	Feet From The _	East	Line	
Unit Letter B	_ :		_ rea	Prom the 115	ив	and		rect From The _			
Section 7 Township	n 20s		Rang	e 34E	. N	мрм,	Lea			County	
Section / Townshi	202		Kauj	Se		*** ***					
III. DESIGNATION OF TRAN	CD/DTE	POFO	NT. A	ND NATTI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		[X]	Address (Giv	e address to w	hich approv	ed copy of this fo	orm is to be se	int)	
The Permian Corp.	Address (Give address to which approved copy of this form is to be sent)										
	P.O. Box 3119 Midland, TX. 79702 Address (Give address to which approved copy of this form is to be sent)					ent)					
Name of Authorized Transporter of Casing	ry Gas 🗀	Numers (Othe andress to which approved copy of this form is to be sent)									
**		17	l Dan	la see actuall		1 30%		?			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Is gas actually connected? When			res i	ľ		
	B		20		<u> </u>						
If this production is commingled with that	from any oth	er lease of	r pool,	give comming	ing order num	ber:					
IV. COMPLETION DATA							- 		<u> </u>	<u> </u>	
Designate Time of Completion	~	Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>		XX	XX	<u> </u>	<u>.l</u>	_\			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D. 13654'		
4/28/90					13700'				13654		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
3610.5 GL	Morrow										
Perforations								Depth Casin	-		
13524-33', 13330-52',	13252-0	65',]	1322	2-229'					13700'		
TUBING, CASING ANI					CEMENTI	NG RECOF	RD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE							9	SACKS CEMENT		
			-								
	1										
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>						
OIL WELL (Test must be after r	ecovery of 10	ial volum	e of loa	id oil and must	be equal to or	exceed top all	owable for I	his depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u> </u>		Producing M	ethod (Flow, pi	ump, gas lift	, etc.)			
Mig Film few On Run 10 14m2											
Length of Test	Tubing Pre	CRIPE			Casing Pressure			Choke Size	Choke Size		
Trunken or 1em	Tubing Fresame										
Asset Band Daving Test	nal Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual From During Test											
	1				J						
GAS WELL					·•						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MIMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
-	1										
VI. OPERATOR CERTIFIC	ATE OF	COM	DI I	NCE	1						
					11 (OIL COI	USER	VATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11			AUGI	4 1990		
is true and complete to the best of my		_			Date	Approve	od.	HUUIL	ati 1000		
	?/				Dale	· whhinke	·u	·			
Kan 1 1. 61	<i>(</i>				_				*:		
Signature	<u> </u>				By_				<u> </u>		
Jay Pulte	F	Engine	eer						72,		
Printed Name			Tide	-	Title						
8/9/90	(915		32-79				<u> </u>				
Date		Te	lephon	e No.	11						

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.