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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TXO Production Corp.		Well API No. 30-025-30881
Address 415 West Wall, Suite 900, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Request test allowable of 5000 bbls of Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> condensate for the month of September, Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 1990.		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hamon "A" Federal Com	Well No. #1	Pool Name, Including Formation Quail Ridge (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM-62602
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>20 S</u> Range <u>34 E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 723 Silver Ave., SW Albg. NM					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 20S	Rge. 34E	Is gas actually connected? Yes	When? 9-15-90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 5-29-90	Date Compl. Ready to Prod. 9-14-90		Total Depth 13,690'		P.B.T.D. 13,679'			
Elevations (DF, RKB, RT, GR, etc.) 3614 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,308'		Tubing Depth 13,465'			
Perforations 13,308-12', 14-18', 57-62', 76-82', 13547-50'					Depth Casing Shoe 13,690'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	13 3/8"		420		320 sx			
12 1/4"	8 5/8"		5200' / DV @ 3884'		650 sx / 2600 sx			
7 7/8"	5 1/2"		13,690' / DV @ 9751'		500 sx / 250 sx			

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	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
9-19-90
Date
Telephone No.

Engineer

(915) 682-7992

Title

OIL CONSERVATION DIVISION

Date Approved

By

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

RECEIVED

SEP 21 1990

AND
HARRIS SPACE