

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TXO Production Corp.	Well API No. 30-025-30881
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 NOTIFY THIS OFFICE.

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 J : 1650 Feet From The South 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 Three Permian Corp.	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	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 Albg. NM				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twsp. 20S	Rge. 34E	Is gas actually connected? Yeas	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 9-14-90	Date of Test 9-21-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 3100	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 420	Water - Bbls. 0	Gas- MCF 3773

GAS WELL

Actual Prod. Test - MCF/D 3773	Length of Test 24	Bbls. Condensate/MMCF 111.3	Gravity of Condensate 51.8
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 16/64"

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 Title Engineer
Date 9/24/90 Telephone No. (915) 682-7992

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.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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