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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 III
1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.   | T                          | OTRA           | NSP             | ORT OIL     | AND NA                            | TURAL GA   | \S                   |                |   |             |  |  |
|--|----------------------------|----------------|-----------------|-------------|-----------------------------------|--|----------------------|----------------|---|-------------|--|--|
| CROSS TIMBERS OPERATING COMPANY  |                            |                |                 |             |                                   | Well API No  |                      |                |   | ۷٥.         |  |  |
| Address CRUSS TIMBERS UPERA  | ATTNG C                    | UMPANT         |                 |             |                                   |  |                      | · ·            |   |             |  |  |
| P. O. Box 50847, M   | idland,                    | Texas          | 7               | 79710       |                                   | - (Plane e-mle   |                      |                |   |             |  |  |
| Reason(s) for Filing (Check proper box)  | 4                          | Change in      | Transno         | rter of:    |                                   | n (Piease expla  | ilky                 |                |   |             |  |  |
| New Well Recompletion  | Oil                        | • —            | Dry Ga          |             |                                   |  |                      |                |   | i           |  |  |
| Change in Operator   | Casinghead                 |                | Conden          |             |                                   |  |                      |                |   |             |  |  |
| If change of operator give name Cross Timbers Production Company, 810 Houston Street, Suite 2000   |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| Fort Worth, Texas 76102  |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| IL DESCRIPTION OF WELL AND LEASE  Lease Name , Well No.   Pool Name, Including   |                            |                |                 |             |                                   |  |                      | Lesse No.      |   | ese No.     |  |  |
| 17 7   | TR 3 1 Maljamar G          |                |                 |             | -                                 |  |                      | Federal or For | ederal of Fee LC-060967                       |             |  |  |
| Location   | 300                        |                |                 |             | 1 4 la                            | 660  |                      |                | East  |             |  |  |
| Unit Letter H  | :198                       | 80             | Feet Fr         | om The      | lorth u                           | and 660  | Fe                   | et From The .  | Last  | Line        |  |  |
| Section 30 Township  | 179                        | <u> </u>       | Range           | 33E         | , N                               | мрм,   | Lea                  |                |   | County      |  |  |
| THE DESIGNATION OF TRANSPORTER OF OU AND NATURAL CAS INVESTIGATE LINE  |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS STEEL ON WILL  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
|  |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas  |                            |                |                 |             |                                   | Address (Give address to which approved copy of this form is to be sent) |                      |                |   |             |  |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit                       | Sec.           | Тир             | Rge.        | Is gas actually connected? When ? |  |                      |                |   |             |  |  |
| If this production is commingled with that for   | rom any othe               | r lease or p   | ool, giv        | re commingi | ng order num                      | er:  |                      |                |   |             |  |  |
| IV. COMPLETION DATA  |                            | ·              |                 |             |                                   |  | Υ                    |                | 10  | birr Basin  |  |  |
| Designate Type of Completion -   | (X)                        | Oil Well       | (               | Jas Well    | New Well                          | Workover   | Deepen  <br>         | Plug Back      | Same Res'v                                    | Diff Res'v  |  |  |
| Date Spudded   | Date Compl. Ready to Prod. |                |                 |             | Total Depth                       |  |                      | P.B.T.D.       |   |             |  |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                            |                |                 |             | Top Oil/Cas                       | Pay  |                      | Tubing Depth   |   |             |  |  |
|  |                            |                |                 |             |                                   |  |                      | Dorth Code     | Depth Casing Shoe                             |             |  |  |
| Perforations   |                            |                |                 |             |                                   |  |                      | Comment        | <b>5</b> 3.~~                                 |             |  |  |
| TUBING, CASING AND   |                            |                |                 |             |                                   | CEMENTING RECORD   |                      |                |   |             |  |  |
| HOLE SIZE  | ING & TU                   |                |                 | DEPTH SET   |                                   |  | SACKS CEMENT         |                |   |             |  |  |
|  |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
|  |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
|  |                            |                |                 |             |                                   |  |                      | L              |   |             |  |  |
| V. TEST DATA AND REQUES  | T FOR A                    | LLOWA          | BLE             | . 9 4       | h                                 | annead ton alle  | ahla Gor thi         | doub or be     | for full 24 hour                              | ·e.)        |  |  |
| OIL WELL (Test must be after re Date First New Oil Run To Tank   | Date of Test               |                | y 1004 C        | ou ana musi |                                   | thod (Flow, pu   |                      |                | , <u>, , , , , , , , , , , , , , , , , , </u> | <del></del> |  |  |
| Date History Oll Man 10 1 mm   |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| Length of Test   | Tubing Pressure            |                |                 |             | Casing Pressure                   |  |                      | Choke Size     |   |             |  |  |
| Actual Prod. During Test   | Oil - Bbls.                |                |                 |             | Water - Bbls.                     |  |                      | Gas- MCF       | Gas- MCF                                      |             |  |  |
| OII - DOIN   |                            |                |                 |             |                                   |  |                      | <u> </u>       |   |             |  |  |
| GAS WELL   |                            |                |                 |             |                                   |  |                      |                |   |             |  |  |
| Actual Prod. Test - MCF/D  | Length of Test             |                |                 |             | Bbls, Condensate/MMCP             |  |                      | Oravity of     | Gravity of Condensate                         |             |  |  |
| Testing Method (pilot, back pr.)   | Tubing Pressure (Shut-in)  |                |                 |             | Casing Pressure (Shut-is)         |  |                      | Choka Siza     | Choka Siza                                    |             |  |  |
| leading meanor (base, sect b. )  |                            | •              | •               |             |                                   |  |                      | <u> </u>       |   |             |  |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE   |                            |                |                 |             |                                   |  | ICEDV                | ATION          | טואופוכ                                       | NNI         |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation  |                            |                |                 |             | OIL CONSERVATION DIVISION         |  |                      |                |   |             |  |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.   |                            |                |                 |             | Date                              | Annrovo  | Ч                    |                | :00   | 21          |  |  |
|  |                            |                |                 |             | Date Approved                     |  |                      |                |   |             |  |  |
| Lany B MEmal   |                            |                |                 |             | By_                               | Pa   | ud Kaut<br>Jeologist | J<br><u> </u>  |   |             |  |  |
| Signature Larry B. McDonald V-P Production   |                            |                |                 |             | -,-                               | C  | Reclogist.           |                |   |             |  |  |
| Printed Name   |                            |                | Title           |             | Title                             | ·<br>  |                      |                |   | <del></del> |  |  |
| 6-1-91<br>Date   | (9)                        | 5) 682<br>Telq | -88/<br>shome N |             |                                   |  |                      |                |   |             |  |  |

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.