

Submit 3 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

I. Operator
CROSS TIMBERS OPERATING COMPANY
Well API No. 30-025-05982
Address
P. O. Box 50847 Midland, Texas 79710
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Dry Gas
Recompletion Oil Casinghead Gas Condensate
Change in Operator Effective 11-1-93
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERTHA J. BARBER Well No. 19 Pool Name, including Formation Monument Paddock Kind of Lease State, Federal or Fee Lease No.
Location
Unit Letter I, 2310 Feet From The South Line and 330 Feet From The East Line
Section 7 Township 20S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (XX) or ~~Oil~~ Energy Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
EOTT Oil Pipeline Company P.O. Box 4666 Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas (XX) or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation Box 1589 Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit H Sec. 7 Twp. 20 Rgn. 37 Is gas actually connected? Yes When? Unknown

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
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/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Larry B. McDonald
Printed Name Larry B. McDonald V-P Production
Date November 10, 1993 Telephone No. (915) 682-8873

OIL CONSERVATION DIVISION

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.