Operator CROSS TIMBERS OPEN Address P. O. Box 50847, N Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL Lease Name T. P. STATE Location Unit Letter L	Midland, Texas Change in Tra Oil Dry Caringhead Gas Con SS Timbers Prod AND LEASE Well No. Poo 1 B	y Gas		her (Please expl		APINO. 30-02	15-212	50
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL Lease Name T. P. STATE Location	Change in Tra Oil Dry Casinghead Gas Co SS Timbers Prod AND LEASE Well No. Poo] B	niporter of: y Gas		het (Please expl	lain)			
II. DESCRIPTION OF WELL Lease Name T. P. STATE Location	AND LEASE Well Na. Poo 1 B	<u>uction (</u>	Omnany					
Location	<u> 1 B</u>	Name Inclu		810 Hous Fort Wor	rth, Tex	reet, Su kas 76	102	•
	- <u>∠</u> UJU	agley P	ermo R	<u>enn Hor</u> 550	the Sung	Federal or Fe	• 0G-2	
Section 11 Township	p 115 Rar	a re 3 3E	. N	e and	Lea	eet From The .	West	Line County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil <u>Amoco Pipeline Con</u>	IXX or Condensate		Address (Giv	e address to wh Box 1725	, Midla	ind, Tex	as 79 7	/02
Name of Authorized Transporter of Casing Warren Petroleum (If well produces oil or liquids, give location of tanks.	Corporation	Dry Oas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1689, Lovington, New Mexico 8826(P. Rge. Is gas actually connected? When ? IS 33E Yes 2-2-67						v) :0 88260
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or pool,	give comming	ling order aumi		l]
Designate Type of Completion - Date Spudded	Oil Well (X) Date Compl. Ready to Prod	Gas Well	New Well Total Depth	Workover	Doepen	Plug Back P.B.T.D.	Same Res'v	Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formati	Top Oil/Gas Pay			Tubing Depth			
HOLE SIZE	TUBING, CAS)	Depth Casing		
	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUEST OIL WELL (Test must be after rec Date First New Oil Run To Tank	F FOR ALLOWABLE covery of total volume of load		be equal to or a	exceed top allow	vable for this	depth or be fo	r full 24 hours	.)
	Tubing Pressure		Producing Method (Flow, pump, gas lift, el Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Waier - Bbls.			Gaa- MCF		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condenmis/MMCP			Oravity of Condensate		
	Tubing Pressure (Shut-in)	Casing Pressure (Shui-In)			Choke Size			
VI. OPERATOR CERTIFICA I hereby certify that the rules and regulati Division have been complied with and the Is true and complete to the best of my known Signature Larry B. McDonald Printed Name 6-1-91 Date	OIL CONSERVATION DIVISION Date Approved					1		

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.