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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

Operator <b>CROSS TIMBERS PRODUCTION COMPANY</b>	
Address <b>810 Houston Street, Suite 2000, Fort Worth, TX 76102</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner <b>Crown Central Petroleum Corporation 4000 N. Big Spring, Suite 213, Midland, TX 79705</b>	

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <b>T. P. STATE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Bagley Permo Penn North</b>	Kind of Lease State, Federal or Free State <b>State</b>
Location			
Unit Letter <b>J</b>	<b>1980</b>	Feet From The <b>South</b> Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>10</b>	Township <b>11S</b>	Range <b>33E</b>	NMPM, <b>Lea</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Amoco Pipeline Company</b>				Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1725, Midland, TX 79702</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>				Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1689, Lovington, NM 88260</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>10</b>	Twp. <b>11S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When <b>2-2-67</b>	

IV. COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Pool	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 Tanks	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <b>JAN 25 1988</b> , 19	
Vaughn O. Vennerberg, II (Signature) Land Manager (Title) <b>12-31-87</b> (Date)		BY <b>ORIGINAL SIGNED BY JERRY SEXTON</b> DISTRICT I SUPERVISOR TITLE	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.	

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