Litective 1-1-65 ت ـ ۱ ۲ AND U.S.G.S. JTHORIZATION TO TRANSPORT OIL AF ATURAL GAS LAND OFFICE OIL TRANSPORTER FEB 2 6 1973 OPERATOR PRORATION OFFICE Operato D. C. C. General Operating Company V ARTESIA, OFFICE P. O. Box 877, Wichita Falls, Texas 76307 Reason(s) for filing (Check proper box) Other (Please explain)
Change of Unit Operator from Anadarko New Well Change in Transporter of: Production Company to General Operating Recompletion 011 Dry Gas Company effective February 1, 1973. Change in Ownership XCasinghead Gas Condensate Grayburg Jackson Unit Working Interest Owners with Anadarko Production If change of ownership give name and address of previous owner Company, 2 Greenway Plaza East, Suite 410, Houston, Texas 77046 Unit Operator. II. DESCRIPTION OF WELL AND LEASE
Lease Name Crossburg Lockson Well No. Pool Name, Including Formation Kind of Lease Lease No. Grayburg Jackson \_\_ 3 Grayburg Jackson Q-G-SA State, Federal or Fee Federal LC**-**028992 Unit Tract 7A Location (a) 1650 Feet From The North Line and 1370 Unit Letter\_ East \_ Feet From The Township 17 South Range 30 East 26 Line of Section , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P.ge. Is gas actually connected? When Unit Sec. Twp. If well produces oil or liquids, give location of tanks. Lzet P 22 17S No 30E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Plug Back Oil Well New Well Workover Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD DEPTH SET HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL

Date First New Cil Run To Tanks	t New Cil 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	Oti-Bbis.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

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.

C. W. Stumboffer					
(Signature)					
Partner					
(Title)					
_	(Signature) Partner				

February 16, 1973

(Date)

OIL CONSERVATION COMMISSION

FEB 27 1973

APPROVED

TITLE OIL AND GAS INSPECTOR

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 walls.

Fill out only Sections I. H. III, and VI for changes of ou well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.\_\_\_\_