

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
I.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 27 '89

Operator Crump Petroleum Corp.		O. C. D. ARTESIA OFFICE	687-1228
Address P. O. Box 1732, Midland, Texas 79702-1732			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Recompletion <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>		Effective 9/1/88	
If change of ownership give name and address of previous owner Enron Oil & Gas Company			

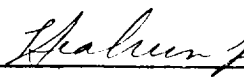
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Hay Hollow 25 State	Well No. 1	Pool Name, Including Formation Hay Hollow Morrow gas	Kind of Lease State, Federal or Fee State
Location Unit Letter G ; 1980 Feet From The north Line and 2310 Feet From The east		Lease No. LG 2397	
Line of Section 25 Township 25S Range 27E , NMPM, Eddy County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 25	Twp. 25
		Rge. 27	Is gas actually connected? Yes
			When 3/9/87

If this production is commingled with that from any other lease or pool, give commingling order number:									
V. 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			
						Part ID-3			
						3-3-89			
						JMS DP			
						GT: EAT			

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
	
(Signature)	
President	
(Title)	
2/27/88	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED FEB 28 1989	
BY Original Signed By Mike Williams	
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 only Sections I, II, III, and VI 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	