Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	HEU					ATUDALO					
Operator	IL AND NATURAL GAS										
CROSS TIMBERS OF	PERATING	COMPA	NY								
Address							<u></u>			· 	
P. O. Box 50847 Reason(s) for Filing (Check proper bo	<u>. Midlan</u>	d. Texa	as	79710		ther (Please exp					
New Well	۵,	Change is	n Trans	porter of:		unca (riedse exp	Kaur)				
Recompletion	Oil	Ĭ	1 '		}						
Change in Operator If change of operator give name	Casinghe		<u> </u>	ensus 🗌	<u> </u>						
and address of previous operator Ci	<u>ross Timb</u>	<u>bers Pi</u>	rodu	ction	Company,	P. O. B	ox 5084	7, Midla	and, Tex	as 797	
IL DESCRIPTION OF WEI	L AND LE	EASE								•	
Lease Name		Well No. Pool Name, Inc.			- · · · · · · · · · · · · · · · · · · ·			of Lease		Lease No.	
HUMBLE "A" STATE	-	1		obac ('enn)		State) Federal or Fee		∞ Sta	State	
Unit LetterM	:	660	_ Feet F	rom The	South u	51 see	<u>0· </u>	set From The	West	Line	
Section 21 Township 85 R			Range	Range 33E NMPM,			Chave	es		County	
III. DESIGNATION OF TRA	ANSPORTE	ER OF O	II. AN	ID NAT	IIDAT, GAQ						
Name of Authorized Transporter of Oil SCURLOCK PE SCURLOCK PE Permian Const	D DXX	or Conden	sale	יו אין שי	Address (Gi	we address to w	hich approved	copy of this	form is to be s	ent)	
	VVIAVIOIL				P. O.	Box 311	9. Midla	and. Tex	kas 79	701	
Name of Authorized Transporter of Ca	-	8XI anv 2V		Ous C	Address (Gi	we address to w	hich approved	copy of this	form is to be s		
If well produces oil or liquids,	Unit	Sec.	Twp	Rec		Box 272 ly connected?	When		<u>7976</u>		
ive location of tanks.	M	21	88	j 33Ě	Yes	•		10-6	54		
this production is commingled with the V. COMPLETION DATA	at from any oth	her lease or ;	pool, gi	ve commin	gling order num	ber:					
Designate Type of Completion		Oil Well	_i_	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Oas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	7	UBING.	CASII	NO AND	CEMENTI	NO RECOR	<u>D</u>	l			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	_	 									
· · · · · · · · · · · · · · · · · · ·					 	······································					
					 	·····					
. TEST DATA AND REQUI								·			
IL WELL (Test must be after the First New Oil Run To Tank	Date of Ten		f load o	oil and must	be equal to or	exceed top allo thod (Flow, pu	wable for this	depth or be f	or full 24 hou	rs.)	
	Date of 16	•			1 roading (vie	aios (riew, pa	rip, gas iyi, ei	c. <i>j</i>			
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbla.			Gas- MCF			
GAS WELL		· · · · · · · · · · · · · · · · · · ·					 ,	l.,			
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	me/MMCF		Oravity of C	ondensale	 1	
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC	CATE OF	COMPL	LIAN	CE							
I hereby certify that the rules and regu	ulations of the (Oil Conserva	tion			OIL CON	SERVA	TION	DIVISIO	N	
Division have been complied with and is true and complete to the best of my	a inai me intorr knowledge an	meuon given d belief.	above			A	. :	AM. O	o 1991	Ī	
	_		N		Date	Approved		WAR A	ענו ש	L	
Dany B	Medo	mal	<u>/</u>		By	Orig. Si Paul	gned b y Kautz				
Signature Larry B. McDonal	d	V-P Pr	oduc	tion	by	Geol	ogist	· - · · · · · · · · · · · · · · · · · ·	·		
Printed Name		7	Πüe		Title_		- -:				
6-1-91 Date	(91		-887		'	""		· · · · · · · · · · · · · · · · · · ·			
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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.