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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |                  |
|---|---|------------------|
| Operator<br>CROSS TIMBERS OPERATING COMPANY   |   | Well APT No.     |
| Address<br>P. O. Box 50847, Midland, Texas 79710  |   |                  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                                 |   |                  |
| New Well <input type="checkbox"/>   | Change in Transporter of:   |                  |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               | Effective 9-1-91 |
| Change in Operator <input checked="" type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                  |
| If change of operator give name and address of previous operator Dallas McCasland P. O. Box 755 Hobbs, New Mexico 88241 |   |                  |

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                      |
|--|---------------|---|--|----------------------|
| Lease Name<br>State BY   | Well No.<br>6 | Pool Name, including Formation<br>Maljamar Grayburg San Andre | Kind of Lease<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No.<br>E-398-6 |
| Location<br>Unit Letter I : 2310 Feet From The South Line and 430 Feet From The East Line<br>Section 32 Township 17S Range 33E, NMPM, Lea 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"/><br>Texas-New Mexico Pipeline Company                      | Address (Give address to which approved copy of this form is to be sent)<br>Box 1510, Midland, Texas 79701                     |            |             |             |                                   |                   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Company GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent)<br>Bartlesville, Oklahoma EFFECTIVE: February 1, 1992 |            |             |             |                                   |                   |
| If well produces oil or liquids, give location of tanks.   | Unit<br>J  | Sec.<br>32 | Twp.<br>17S | Rge.<br>33E | Is gas actually connected?<br>Yes | When?<br>12-15-61 |
| If this production is commingled with that from any other lease or pool, give commingling order number: PLC 25   |  |            |             |             |                                   |                   |

IV. 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      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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 Tank | 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 (pilot, back pr) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Larry B. McDonald  
Signature  
Larry B. McDonald, Vice-President Production  
Printed Name  
12-3-91  
Date  
(915) 682-8873  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 01 1991

By

Title

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.