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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Uperator		TOTRA	NNS	SPORT	OIL AND NA	TURAL G		7 57 57		 ,		
CROSS TIMBERS OPERATING COMPANY							Well AFI No. 30-025-01352					
Address						 			, , , , ,			
P. O. Box 50847 Reason(s) for Filing (Check proper box)		lland,	Tex	xas 7	9710	her (Please exp	dai-1					
New Well		Change le	s Trac	aporter of:	~	iki ir ieme ed	AGD1)					
Recompletion	Oil	<u> </u>	Dry	Cas [<u></u>	LEE	F .					
Change in Operator	Casinghe	ed One	Con	denmis []	ETTECT	tive 5-	-93				
and address of previous operator			····-					····				
II. DESCRIPTION OF WELL	AND LE	+				· · ·						
Lease Name S.M.G.S.A.U. T	Well No.		-	hiding Formation	ting Formation Grayburg SA			1	Lesso No. B-5310			
Location	R. 9		1 '''	a i Jaina i	ur aybur g) JA			1 0-3	1310		
Unit Letter H	_ :16	550	_ Feet	From The	North _u	se and33	30	eet From The	_ East	Line		
Section 32 Townsh	in 179	;			33E N		_ea					
Section 32 Townsh	ilp //~	, <u>.</u>	Ran	<u>go</u>	JUL N	MPM, L	<u>-ea</u>		•	County		
III. DESIGNATION OF TRAI	NSPORTE	R OF O		ND NAT	URAL GAS							
Name of Authorized Transporter of Oil Scurlock Permian Cor	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casin		P.O.Box 4648, Houston, Texas 77210 Address (Give address to which approved copy of this form is to be sent)										
GPM Gas Corporation	or Dry Clas			4001 P	4001 Penbrook, Odessa			, Texas 79764				
If well produces oil or liquids, give location of tanks.	Մամւ 	s ∞. 29	Т » р 175	,		•	When	a 7				
If this production is commingled with that												
IV. COMPLETION DATA	·	·										
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		l. Ready to	Prod.		Total Depth	L	J	P.B.T.D.	L	1		
Classical (DE BVB BT CB)						T. Allan						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top CivCan	Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casing Shoe			
				· · · · · · · · · · · · · · · · · · ·								
					O CEMENTI	CEMENTING RECORD						
TIOCC OILC	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					- -,							
V. TEST DATA AND REQUES								<u></u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of tol	al volume o	f load	oil and mu	it be equal to or	exceed top allo	mable for thi	depth or be f	or full 24 hour	s.)		
Dem I II A CHI TO I TO I TALL	Date of Test	<u>[</u>			Producing Me	thod (Flow, pu	mp, gas lýt, e	(c.)				
ength of Test	Tubing Pres	an re			Casing Pressu	Casing Pressure			Choke Size			
Actual Prod. During Test	0.9				<u> </u>							
Training 1 tot	Oil - Bbls.	II - BDIE,				Water - Bbia			Oas- MCF			
GAS WELL	<u> </u>							L				
ctual Prod. Test - MCF/D Length of Test					Bbls. Condens	Bbls, Condensus/MMCF			Oravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)											
and the control of th					Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF (COMPL	IAL	NCE	<u> </u>							
I hereby certify that the rules and regular	tions of the O	il Conservat	tion		∥ 0	IL CON	SERVA	TION [IVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						MAY 1 0 1993						
			1		Date	Approved	·					
	21 (1)	5 00 61			D.,	ADICINIAL A	-	r ignov cr	ug ekst			
Larry B. McDonald V-P Production					by	By ORGINAL MONSE BY JERRY SE COLL						
Printed Name Title 5-3-93 (915) 682-8873					Title_	•				•		
0-3-93 Date		(915) (Teleph										

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.