,	···.					J
	OIL (	Ninerals and Na CONSERVA P.O. 1	Jew Mexico Itural Resources Depart ATTON DIVISI Jox 2088 Jexico 87504-2088			Form C-104 Revised L-1-89 See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Anec, NM 87410 1.	REQUEST F		BLE AND AUTHOR			
CROSS TIMBERS OPERATING COMPANY				Well	ิ่ มา №. -025-01544	
Address P. O. Box 50847	Midland, To	exas 797	10			
Reason(s) for Filing (Check proper box) New Well		Treasporter of:	Effectiv	•	93	•.:
IL DESCRIPTION OF WELL	AND LEASE					
ease Name Well No. Pool Name, Ioch				of Leans Foderal or Fee	Lean No. B-2229	
Location	. 1980		onth 66	0	W	est
	170	- 114 114		Lea	eet From The	Lim
Section 29 Townsh				Lea		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	VSFORTER OF O XXX or Condex		RAL GAS Address (Give address to 1	which approved	l copy of this form	is to be sent)
Texas New Mexico Pipe Line Company			P. O. Box 60028, San Angelo, Texas 76906 Address (Giw address to which approved copy of this form is to be sen)			
GPM Gas Corporation			4001 Penbrook, Odessa, Texas 79764			
If well produces off or figuids, Unit Sec. Twp. Age. president of figuids, L 29 17S 33E			Is gas actually connected? When 7 Yes			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order sumber:			
Designate Type of Completion	(X)	Une Well	New Well Workover	Deepen	Flug Back San	ve Res'y Diff Res'y
Date Spudded	Data Cornel. Ready to	l Trod	Total Depth	_[	   P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/One Fay	<u> </u>	Tubing Depth	
Performiona			<u> </u>			
			Depth Caslog Sh	04		
HOLF SIZE	TUDINO, CASINO AND HOLE SIZE CASINO & TUDINO SIZE		CEMENTINO RECORD		SACKS CEMENT	
V. TEST DATA AND REQUES	ST FOR ALLOW	ni F	1		1	
OIL WELL (Test must be after a	recovery of total volume i		he equal to or exceed top al			ll 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
Leugth of Test	Tubing Pressure		Caslag Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbis.		Water - Bbla		Ose- MCF	
GAS WELL	<u> </u>				l	]
Actual Frod. Test - MCT/D	Loogh of Test		Bbli. Condenmis/MMCP		Oravity of Condensate	
Teeling Method (pirot, back pr )	Tubing Pressure (Shui-to)		Caelog Pressure (Shid-la)		Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the OI Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION			
Farry 3	ByORIGINAL SIGNED BY JERRY SEXTON					
Earry McDønald			T I SUPERVISC			
Printed Name 7-9-93	Title					
Dele	Telep	hoos No.				
	•					

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

## RECEIVED

.