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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

I.

Operator CROSS TIMBERS PRODUCTION COMPANY	
Address P. O. Box 50847, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Conversion of water injection well to production
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMGSAU (Tract-4)	Well No. 2	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Free State
Location			
Unit Letter E	1980 Feet From The North Line and 660 Feet From The West		
Line of Section 29	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Company	Drawer 159, Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas	P. O. Box 6666, Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. 17 Rge. 33
			Is gas actually connected? Yes When N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res ^{ty} . <input type="checkbox"/> Diff. Res ^{ty} . <input type="checkbox"/>
Date Spudded 5/19/88	Date Compl. Ready to Prod. 5/24/88	Total Depth 4290'	P.B.T.D. 4281'
Pool Maljamar (G-SA)	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4144'	Tubing Depth 4154'
Perforations 4144-56, 4168-82, 4194-4204, 4214-4240			Depth Casing Shoe 4290'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	9 5/8"	1122'	650
8 5/8	7"	4017'	250
6 1/2	5"	4290'	200

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5/24/88	Date of Test 6/13/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure 35	Choke Size -
Actual Prod. During Test 113	Oil - Bbls. 34	Water - Bbls. 79	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.


K. K. Kirby
(Signature)
Operations Engineer
(Title)
6/15/88
(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY _____	ORIGINAL SIGNED BY _____ DISTRICT _____
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 Sections I, II, III, and VI only 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 multiply completed wells.	