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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO THAT	VSPOHI O	IL AND NA	HUHAL G					
CROSS TIMBERS OPERATING COMPANY							Well API No. 30-025-101548			
Address	MIING	COMPANT				L <u>_</u>	00-02	3 10 1	370	
P. O. Box 50847,	Midland	, Texas	79710				,-			
Reason(s) for Filing (Check proper box) New Well		Chance in T	ransporter of:	[] Oi	het (Please expl	lain)				
Recompletion	Oil	~~~	Ory Ges							
Change in Operator EVA	Casinghea		Condensate			<u>.</u>				
and address of previous operator	oss Timb	bers Pro	<u>oduction</u>	Company,					<u>) </u>	
II. DESCRIPTION OF WELL	AND LEA				FORT WO	rth, Te	kas /b	5102		
Lease Name / Well No. Pool Name, Inclu S.E.M.G.S.A.U. TR 7 1 Maljamar				-				=2516		
Location	\		ia i janai				· · · · · · · · · · · · · · · · · · ·	 • 	2010	
Unit Letter0	:660	<u> </u>	eet From The _	South	e and	980F	set From The .	East	Line	
Section 29 Townshi	<u>, 17S</u>	R	ange 33E	N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NAT	URAL GAS	In	sect	- con	well	/	
Name of Authorized Transporter of Oil		or Condensal	Le	Address (Gir	ve address to wi	Mich approved	copy of this f	orm is to be se	N)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp. Rge	le gas actuali	is gas actually connected? When			7		
If this production is commingled with that (from any other	er lease or poo	ol, give commin	ling order num	ber:					
IV. COMPLETION DATA		Υ=====		-γ	γ	,				
Designate Type of Completion	- (X)	Oll Well	Gas Well	New Well	Workover	Deepes	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.)	RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations						 	Depth Casin	Pepth Casing Shoe		
W-	77	unnio o	4 CING AND	CEL CEL	VO DECOR	<u> </u>	<u> </u>			
HOLE SIZE		ING & TUBI		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
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V. TEST DATA AND REQUES OIL WELL (Test must be after re						.11. 6 .41				
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		ood oil and mus		exceed lop allo thod (Flow, pu			or full 24 hour.	s.)	
Length of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.	Water - Bbla.			Gu- MCF		
CACTUELL				<u> </u>						
GAS WELL Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	es to/MMCF		Onvity of C	ondensate		
	Casing Pressure (Shut-in)									
Tubing Pressure (Shut-in)				Choka Siza						
VL OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE						J	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and the last of my king true and complete to the best of my king.			bove	D-4-	A			0 10,5	•	
φ			M	Date	Approved					
Signature S M Boreld					Orig. Signed as By Paul Kautz					
Larry B McDonald V-P Production					Geologist					
Printed Name 6-1-91	(915	Ti: 6-882 (i		Title_						
Date	1717	Telepho		II						

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.

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