

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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PRORATION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
CROSS TIMBERS PRODUCTION COMPANY

Address  
810 Houston, Suite 2000, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) 10/01/86 - Transfer of Ownership 12/01/86 - Transfer of Operation
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Cities Service Oil Company, Box 69, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.M.G.S.A.U. Tr. 7	Well No. 3	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease State, Federal or Fee State	Lease B-25
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>17S</u> Range <u>33E</u> , NMPM, Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Stephen E. Galber  
(Signature)  
Executive Vice President  
(Title)  
12/24/86  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN 6 1987, 19  
BY [Signature]  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de  
well, this form must be accompanied by a tabulation of the de  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of cor  
Separate Forms C-104 must be filed for each pool in m  
compleeted wells.