## State of New Mexico Liergy, Minerals & Natural Resources Departme. District I PO Box 1980, Hobbs, NM 88241-1980

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

LCN 600113 Form C-104 Revised October 18, 19 Instructions on ba Submit to Appropriate District O 5 Copies

PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

District II

☐ AMENDED REPORT

I.			T FOR A	LLOWAI	BLE A	ND A	UTH	ORIZA	ATION TO	TRAN	SPOR	RT	
<sup>1</sup> Operator name and Address										<sup>2</sup> OGRID Number			
Cross Timbers Operating Company									005380				
3000 N. Garfield, Suite 175 Midland, Texas 79705									<sup>3</sup> Reason for Filing Code  CH EFF. 06/01/00				
	API Numbe		<u> </u>	· · · · · · · · · · · · · · · · · · ·	5	Pool Na	me		CH	<u>EFF. 0</u>		ol Code	
30-0	25-228	74	MALJAMAR; GRAYBURG-SAN ANDRES								43	1329	
1	perty Code		8 Property Name							9 Well Number			
	<del>909151</del> 3	337Z	U. S. MINERALS					4					
		e Locatio	n	,				·····					
UL or lot no.	Section	Township		Lot. Idn	Feet from				Feet from the	East/We	1	County	
0	30_	17·S	33-E		19	80	<u>E</u> ,	AST	660	SOUT	H [	LEA	
UL or lot no.	Section	Hole L	Range	Lot. Idn	Feet from	m the	North/	South Line	Feet from the	East/We	est line	County	
0	30	17-S	33-E			80		AST	660	SOUT		LEA	
12 Lse Code	13 Produ	cing Method	Code <sup>14</sup> Gas C	Connection Date	e 15 C-		mit Numl	per 1	<sup>6</sup> C-129 Effective	Date	<sup>17</sup> C-129	Expiration Da	
S	<u> </u>	Р	0	4/28/80					<del> </del>				
III. Oil ar								- 6/6		TH COD I			
			ansporter Name ind Address			20 POD 21 O/G			<sup>22</sup> POD ULSTR Location and Description				
034019	PHI	LLIPS PET	ROLEUM CO.(TRUCKS)			2086710 0							
4001 PENBROO			K ST.			2000710			UL "O", SEC.30, T-17-S, R-33-E TANK BATTERY				
0DESSA, TEXAS 79762					THE	lic.							
DUKE ENERGY FIELD SERVICES I					INC.				UL "O", SEC.30, T-17-S, R-33-E				
MIDLAND, TEXA				XAS 79710-0020					TANK BATTERY				
		•											
IV. Produ	ced Wa	ıter											
<sup>23</sup> POI	<sup>24</sup> P(	OD ULS	TR Locati	on and De	escription								
20867	750	UL_"0"	, SEC.30,	T-17-S, R-	33-E		·	·					
V. Well C				27.77	T)		28 DD	TD	29 Porfor	ations	30 DI	HC, DC, MC	
<sup>25</sup> Spud Date <sup>26</sup>		<sup>20</sup> Kea	ady Date 27 TD		D	<sup>28</sup> PBTD		10	<sup>29</sup> Perforations 30 E			ic, bc, wic	
<sup>31</sup> Hole Sie			<sup>32</sup> Casing & Tubing Size			<sup>33</sup> Depth Set				34 Sa	icks Cen	nent	
								<del></del>					
VI. Well	Test Da	ta L				L		<u>.</u>				<del> </del>	
35 Date New		<sup>36</sup> Gas Deliv	ery Date	<sup>37</sup> Test Date	e	38 T	est Lengt	th	<sup>39</sup> Tbg. Pressur	re	40 Cs	g. Pressure	
<sup>41</sup> Choke Size		<sup>42</sup> Oil		<sup>43</sup> Water		<sup>44</sup> Gas			<sup>45</sup> AOF		<sup>46</sup> Test Method		
				· · • · • · ·			·			<u> </u>		·	
<sup>47</sup> I hereby certi complied with a							(	OIL CO	NSERVATI	ON DIV	'ISIO	V	
the best of my k Signature:		1.	, IP	<b>,</b>	A	pproved	by:						
Printed name: Edwin S. Ryan, Jr.							Title: Elsamo G I Sun LEGAMS						
77:4)													
Title:  41 Vice President - Land						Approval Date:							
Date:				/885-2336									
<sup>47</sup> If this is a cl	hange of op	erator fill in				revious	operator			##			
		wier- O-	on Cion - L	PHI	LLIPS		EUM COI		#017643)	Title		6 /8 /00 Date	
Sm	Sa	vious Operat		. SANDERS	3		.ca i vaiile		UPV., REGUI		PRORA	ATION	

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator cartifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) request for test allowable (include vor requested)

If for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal 12.

Federa State

Fee Jicarilla

CZC

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- roduct code from the following table:
  Oil
  Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD 24. vell completion location and a short description of the POD Example: "Battery A Water Tank", "Jones CPD Water (Example: "Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and 'TD if spenhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the weil: 45.

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- 47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person