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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CROSS TIMBERS OPERATING COMPANY		Well AFI No. 30-025-23890
Address P. O. Box 50847 Midland, Texas 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change In Transporter of: <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 6-10-93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change In Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.M.G.S.A.U. TR. 7	Well No. 5	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or <input type="checkbox"/> Fee	Lease No. B-2516
Location Unit Letter J, 1395 Feet From The South Line and 261.5 Feet From The East Line Section 29 Township 17S Range 33E, NMIM, 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 60028, San Angelo, Texas 76906
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79764
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 29 17S 33E
Is gas actually connected?	When?
Yes	--

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)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Tubing Depth
		Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

GAS WELL

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

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

Signature
Larry McDonald V-P Production
Printed Name
7-9-93 (915) 682-8873
Date
Telephone No.

OIL CONSERVATION DIVISION
JUL 14 1993

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.

RECEIVED

JUN 15 1993

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