| STATE OF NEW MEXICO | MENT | | Form C | -104 d 10-01-78 |
|---|---|-------------------------|--|--------------------|
| | | | | 06-01-83 |
| DISTRIBUTION | OIL CONSERVATION DIVISION | | IN Page 1 | |
| SANTA FR | P. O. BOX 2088 | | | |
| U.8.0.8. | SANTA FE, NEW MEXICO 87501 | | | |
| LAND OFFICE | | | | |
| TRANSPORTER DIL | REQUEST FOR ALLOWABLE AND | | | |
| PROBATION OFFICE | AN AUTHORIZATION TO TRANSP | | RAT GAS | |
| T | AUTHURIZATION TO TRANSP | | | |
| L. Operator | | • • | · · · · · · · · · · · · · · · · · · · | |
| CROSS TIMBERS PRODU | CTION COMPANY | | | |
| Address | | | | |
| <u>810 Houston, Suite 2</u> | 000, Fort Worth, TX 76102 | Other (Please | explain) | |
| Reoson(s) for filing (Check proper | | | | |
| New Well | Change in Transporter of: | | ng authorized transpo | orter of |
| Plecompletion | | Gas oil desi | gnation | |
| Change in Ownership | Casinghead Gas Co | ndensate | ······································ | |
| and address of previous owner. | • • • • • | | Kind of Lease | Lease Ne |
| Lease Name | • • | | State, Federal or Fee State | B-2510 |
| S.M.G.S.A.U. Tr. 7 | 5 Maljamar Grayb | urg SA | State | 0-2310 |
| Location | | 0615 | Fact | |
| Unit Letter | 1395 Feet From The South Line | and <u>2615</u> | Feet From The East | |
| Line of Section 29 | Township 175 Range | 33E , NMPN | • Lea | County |
| | | GAS | | • |
| III. DESIGNATION OF TRA | ANSPORTER OF OIL AND NATURAL | Address (Give address | to which approved copy of this for | m is so be sent) |
| Texas-New Mexico Pipeline Company | | P 0 Box \$252 | 8 Hobbs NM 89210 | · |
| Name of Authorized Transporter of | | Address (Give address | 8. Hobbs, NM 88240 to which approved copy of this for | m is to be sent) |
| Name of Authorized fransporter | | Box 6666, Odes | | |
| Phillips 66 Natural | Gas Unit Sec. Twp. Rge. | Is gas actually connect | ied? When | |
| If well produces oil or liquids, give location of tanks. | L 29 17 33 | Yes | N/A | |
| If this production is commingle | ed with that from any other lease or pool, | give commingling orde | r number: | |
| | and V on reverse side if necessary. | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | CONSERVATION DIVISION | V |
| I been certify that the rules and te | gulations of the Oil Conservation Division have | APPROVED | <u>MAY 27 198/</u> | , 19 |
| been complied with and that the information given is true and complete to the best of | | | · · · · · · · · · · · · | |
| my knowledge and belief. | | BYORIC | NAL SIGNED BY JERRY SEX | TON |
| | | | | |
| | | TITLE | DISTRICT I SUPERVISOR | |

H

(Signature)

(Tille)

(Date)

Executive Vice President

5/.14/87

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forme C-104 must be filed for each pool in multipl completed wells.



