

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	10/01/86 - Transfer of Ownership
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	12/01/86 - Transfer of Operation
<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, Box 69, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.M.G.S.A.U. Tr. 1	Well No. 4	Pool Name, including Formation Maljamar Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC060967
Location				
Unit Letter <u>I</u> : <u>1355</u> Feet From The <u>South</u> Line and <u>1135</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>17S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

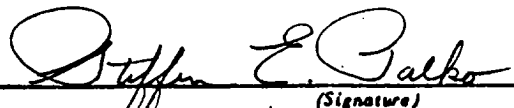
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 L	Sec. 29
	Twp. 17S	Rge. 33E
Is gas actually connected?	When Yes 1/3/77	

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.


(Signature)
Executive Vice President
(Title)
12/24/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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

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

All sections of this form must be filled out completely for allowable 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 Forms C-104 must be filed for each pool in multiply completed wells.