

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, TX 76102

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Oil	Correcting authorized transporter of oil designation
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.M.G.S.A.U. Tr. 7	Well No. 9	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease State, Federal or Fee State	Lease No. B-2510
Location Unit Letter I : 2250 Feet From The South Line and 1225 Feet From The East Line of Section 29 Township 17S Range 33E . NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

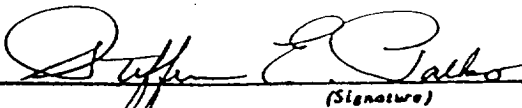
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P.O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas	Box 6666, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit L Sec. 29 Twp. 17 Rge. 33	Yes N/A

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)
5/14/87
(Date)

OIL CONSERVATION DIVISION

MAY 27 1987

APPROVED _____, 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 all wells on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
MAY 26 1987
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HOBBS OFFICE