Submit 5 Cepter Appropriate District Office DISTRICTI P.O. Box 1980, Hobbs, NM AR240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

| 1000 Rio Brizos Rd., Aziec, NM 87410 | REQUEST | FOR ALLOWA | BLE AND AUTHOR | RIZATION | | | |
|--|---------------------------|------------------------|--|-----------------|--|---|--|
| ī. | | | IL AND NATURAL | GΛS | | | |
| CROSS TIMBERS OPERATING COMPANY | | | | l. | 30-025-31471 | | |
| Address OF ERM TING COMMITTEE | | | | | -023-3147 | | |
| P. O. Box 50847 | Midland, | Texas 797 | | | | | |
| Reason(s) for Filing (Check proper ban) New Well | Change | Jp Transporter of: | Other (Flewe es | rplain) | | `. : | |
| Recompletion | ONI X | Dry Oss 🔲 | === | 4.10.4 | | | |
| Change is Operator | Casinghead Usa [| Condensus [| Effectiv | /e 6-10-9 | 13 | | |
| If change of operator give name and address of previous operator | | | | | | | |
| IL DESCRIPTION OF WELL | | | · | | | · • · · · · · · · · · · · · · · · · · · | |
| S.M.G.S.A.U. TR | | Maliaman | - | | of Lease Federal or Fee | B-2516 | |
| Location | . 0 1 0 | Mai Jamai | Grayburg SA | | | | |
| Unit Letter N | , 125 | Fed From The | South Lime and | 1345 F | est From The | West Lie | |
| Section 29 Townshi | _{In} 17S | Range 33E | , NMPML | Lea | • | C | |
| Occord To Towns | .,, | Wife oor | , rwim, | | | County | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | | IRAL GAS | | | · · · · · · · · · · · · · · · · · · · | |
| Texas New Mexico Pip | e Line Compa | | Address (Give address to P. O. Box 6002 | | | | |
| Name of Authorized Transporter of Casing | Pred On XXXX | | Address (Give address to | which approved | copy of this form | is to be sent) | |
| GPM Gas Corporation Well produces oil or liquids. | Unit Sec. | Tup. Res. | 4001 Penbrook, | | | 79764 | |
| give location of tanks. | L 29 | 117S 33E | Yes | 11/14/8 | ' | | |
| If this production is commingled with that | from any other lease o | r pool, give correning | ling order number: | | | | |
| IV. COMPLETION DATA | Oil We | II Gas Well | New Well Workover | <u> </u> | | | |
| Designate Type of Completion | - (X) | i | | Deepen | Plug Back Sa | me Rea'v Diff Rea'v | |
| Date Spudded | Data Compl. Ready | io I'rod | Total Depth | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing I | ormation | Top Oil/Oat Pay | | Tubing Depth | | |
| | | | | | | | |
| Perforations | | | | | Depth Casing Si | h04 | |
| | TUBINO | , CASING AND | CEMENTING RECO | RD | <u> </u> | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| | | | | | | | |
| | | | | | | | |
| V. TEST DATA AND REQUES | | 781 E | L , | | l | | |
| OIL WELL (Test must be after re | | | be equal to or exceed top at | Joneble for thu | depit or be for f | ull 24 hours.) | |
| Date First New Oil Rus To Tank | Date of Test | | Producing Method (Flow, pump, gas lift, et | | | | |
| Leogh of Test | Tubing Pressure | | Casing Pressure | | Choke Size | | |
| | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbla. | | OM- MCF | | |
| GAS WELL | 1 | | <u> </u> | | <u>. </u> | | |
| Actual Prod. Test - MCT/D | Langth of Test | | Bull. Condensis/MMCP | | Univiry of Coad | | |
| | | | | | | | |
| lecting Method (pitot, back pr.) | Tubing Pressure (Shut-to) | | Casing Pressure (Shul-In) | | Choke Size | | |
| VI. OPERATOR CERTIFICA | ATE OF COMI | ZI IANCE | | · | <u></u> | | |
| I hereby certify that the rules and regular | clons of the Oil Conse | rvstice | | NSERVA | ATION DI' | VISION | |
| Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief. | | | 1111 4 4 4000 | | | | |
| | | | Dale ApprovedIIIL14_1993 | | | | |
| Lam & M Dorald | | | ll Pv | | | | |
| Larry McDonald V-P Production | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | |
| Printed Name Title | | | Title | DISTRICT I | SUPERVISOR | • • | |
| 7-9-93 Data | (915) 682-8 | phone No. | | | | | |

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.

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