Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Cross Timbers Operating Company	30-025-31471

Address
P. O. Box 50847, Midland, Texas 79710

Reason(s) for Filing *(Check proper box)*   ☐ Other *(Please explain)*

New Well	XX		Change In Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐	
Change In Operator	☐	Casinghead Gas ☐	Condensate ☐	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State) Federal or Fee	Lease No.
SMGSAU Tract 6	8	Maljamar (G-SA)		B-2516

Location

Unit Letter ___N___ : ___125___ Feet From The ___South___ Line and ___1,345___ Feet From The ___West___ Line

Section ___29___ Township ___17S___ Range ___33E___ , NMPM, ___Lea___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Navajo Refining Company	Drawer 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Phillips 66 Natural Gas GPM Gas Corporation	Box 6660, Odessa, Texas 79762 EFFECTIVE: February 1, 1992

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	L	29	17	33	Yes	NA

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/29/91	12/31/91	4,550'	4,491'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4,052' RKB	Grayburg	4,257'	4,217'

Perforations	Depth Casing Shoe
4,257'-4,382'	4,550'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	309'	250
7-7/8"	5-1/2"	4,550'	1,170

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.)*	
1/1/92	1/4/92	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	70	41	NA

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	9	170	5

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method *(pitot, 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 _____
Gary L. Markestad, Operations Engineer
Printed Name   Title
1/7/92   (915)682-8873
Date   Telephone No.

OIL CONSERVATION DIVISION
JAN 09 '92

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.