

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.

CROSS TIMBERS OPERATING COMPANY

  
Signature

Vaughn O. Vennerberg, II/Vice President - Land  
Printed Name

7/2/42  
Date

(817) 870-2800

Telephone No.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Cross Timbers Operating Company		Well API No. 30-025-20224
Address 810 Houston Street, Suite 2000, Fort Worth, TX 76102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Consolidated Oil & Gas, Inc., 410 17th Street, Ste 2300, Denver, CO 80202		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "A"	Well No. 1	Pool Name, including Formation Midway Abo	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line Section 17 Township 17S Range 37E, 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						
Name of Authorized Transporter of Casinghead 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) 73102					
GPM Gas Corporation	210 W. Park Avenue #2500, Oklahoma City, OK					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Tw. 17S	Rge. 37E	Is gas actually connected? Yes	When?

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 10/12/63	Date Compl. Ready to Prod. 11/17/63		Total Depth 8975'		P.B.T.D. 8956'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo		Top Oil/Gas Pay 8886-8906		Tubing Depth			
Perforations					Depth Casing Shoe 8975'			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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CONSOLIDATED OIL & GAS, INC.

Signature  
J. W. Decker, President and CEO

Printed Name  
6/16/92 (303) 893-1225  
Date Telephone No.

### OIL CONSERVATION DIVISION

JUL 10 '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.

RECEIVED

JUL 09 1992

OCD HOBBS OFFICE