

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

Operator Cross Timbers Operating Company		Well API No.
Address 810 Houston Street, Suite 2000, Fort Worth, TX 76102		
Reason(s) for Filing (Check proper box) 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"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator Consolidated Oil & Gas, Inc., 410 17th St., Ste 2300, Denver, CO 80202		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "A"	Well No. 2	Pool Name, including Formation Midway Abo	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>17S</u> Range <u>37E</u> , NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>XXX</u> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <u>XX</u> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 73102 210 W. Park Ave. #2500, Oklahoma City, OK	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17
	Twp. 17	Rge. 37
	Is gas actually connected? Yes	
	When? 5-3-65	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

### 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

Date

7/2/92

(817) 870-2800

Telephone No.

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his depth or be for full 24 hours.)  
, etc.)

Choke Size

Gas- MCF

Gravity of Condensate

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.

CONSOLIDATED OIL & GAS, INC.

Signature

W. Decker, President and CEO

Printed Name

6-16-92

Date

(303) 893-1225

Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUL 10 '92

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.