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

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## DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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

## State of New Mexico Energy, Minerals and Natural Resources Dep: ent.

**OIL CONSERVATION DIVISION** 

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

					IL AND N		GAS				
Operator								∀ell	API No.		
Cross Timbers Of Address	peratin	g Comp	any						_		
		1. 00	00								
810 Houston Stre Reason(s) for Filing (Check proper box)	et, Su	ite 20	00,	Fort W						-	
New Well		Change i	in Trans	porter of:	U O	ther (Please e	сріат)				
Recompletion	Oil	Cliange I	Dry								
Change in Operator	Casinghe	ad Gas 🗍	-								
f change of operator give name	········										
and address of previous operator Cons			α G	as, Inc	2., 410	17th St.	, Ste	23	00, De	nver,	<u>CO 8020</u>
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool	Name, Inclu	ding Formation		ĸ	ind (	of Lease		Lare No.
Shipp "A" 2 Midway A				lbo				d of Lease No. e, Federal or Fee			
Location							i				
Unit LetterC	_ :66	50	_ Feet I	From The <u>N</u>	lorth Li	te and $\underline{2}$	2310	Fe	et From The	West	E
Section 17 Townsh		75		275							LJD
	<u></u>	15	Range	<u>37E</u>	,N	MPM, Le	<u>a</u>				County
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	ND NATT	RAL CAS						
tante de Autonizati Transponer de Oli		or Conder	asate		Address (Gi	e address io	which appro	wed	comy of this	form in to b	
exas New Mexico Pipel	ine									jorm is 10 0	e seni)
Name of Authorized Transporter of Casin	ghead Gas	XX	or Dry		Address (Gin	e address 10 1	which appro	wed	come of this	form is to b	seni) 7310
GPM Gas Corporation f well produces oil or liquids,	1				<u>210 W.</u>	Park A	ve. #2	50	0.0k1	ahoma (	<u>ity, OK</u>
ive location of tanks.	Unait		Twp	Rge.	ta gas aconsi	y connected?	W	hen	?	anoma (	JLLY, OK
this production is comminated with the	G	17	17	37	Yes				5-3-6	55	
this production is commingled with that V. COMPLETION DATA	nom any our	er lease or j	pool, gi	ve comming	ling order numi	ber:					
		Oil Well		Gas Well	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-,				
Designate Type of Completion	- (X)	100.460			New Well	Workover	Deeper	• [	Plug Back	Same Res	Dil Resiv
ate Spudded	Date Comp	. Ready to	Prud.		Total Depth		1			L	<u>l</u>
									P.B.T D.		
evations (DF, RKB, RT, GR, atc.)	Name of Pro	oducing For			Top Oil/Gas P	ay		_			
- -	Name of Pr	oducing Fo				'ay	· · · · · · · · · · · · · · · · · · ·	_	P.B. T.D. Tubing Depi		
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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 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.