

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) <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 St., Ste. 2300, Denver, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "A"	Well No. 3	Pool Name, including Formation Midway Abo	Kind of Lease State, Federal or <u>Lease</u>	Lease No.
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West 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"/> 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 <input checked="" type="checkbox"/> 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? 9-14-66

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		

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

Vaughn O. Vennerberg
Signature

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

7/2/92 (817) 870-2800
Date Telephone No.

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.

J. W. Decker
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
Title **DISTRICT I SUPERVISOR**

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.