Submit 5 Cories
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

## 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

DISTRICT III

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

1000 Rio Brizos Rd., Aztec, NM 87410						AUTHOR					
TO TRANSPORT OIL AND NATURAL GAS								T Well API No.			
CROSS TIMBERS OPERATING COMPANY								30-025-05978			
Address P. O. Box 50847	Mic	lland,	Texa	as 79	9710						
Reason(s) for Filing (Check proper bon)						hes (Please exp	leh)				
New Well Change in Transporter of:  Recompletion Oil Dry Can								Effective 11-1-93			
Change is Operator			L. I I	eccive i	1-1-33						
If change of operator give some under the state of previous operator											
L. DESCRIPTION OF WELL Lease Name	ELL AND LEASE Well No.   Pool Hame, Including Formation					<del>-,</del>	T K ha	of Lease	1,	tem No.	
BERTHA J. BARBER		12			-	Paddock State,			_		
Location	220	`			1		ecó		, 		
Ualt Letter A	330		Peat I'r		North_u		660 <u> </u>	set From The .	<u>East</u>	lise	
Section 7 Townshi	, 205	5	Reage	37E		MIM.	Lea			County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [XX] of Combination of Tipe [1] Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil	XX	of Coulded	energ	<b>ly f</b> ipeli	Address (GI	Box 4666	Alch approved	topy of this for	om is to be se	n) n_4666	
Name of Authorized Transporter of Casinghead Clas (A) or Dry Cas ( Address (Give							ox 4666 Houston, Texas 77210-4666  address to which approved copy of this form is to be sent)				
Warren Petroleum Com					Box 1589 Tulsa, Okla						
lf well produces oil or liquids, ive location of tents.	Undit   1	Sec.   1 7	1νη. 20	Rgs.   37	Yes	ly comected?		, Unknown			
this production is commissied with that i	rom any other	lease or po	ool, giv	e consulté	leg order sun	ber:					
V. COMPLETION DATA	<del></del> -	Oil Well	7 6	las Well	New Well	Workover	Deepes	Plus Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)					i			Ĺj			
Date Spudded Date Compl. Ready to Frod.					Total Dipth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKS, RT, GR, etc.) Name of Producing Formation					Top Oil/Gee Pay			Tubing Depth		
erformions								Depth Caulog Shoe			
		innia c	<del> </del>	IO AND	CEMBARI	NO BECOR		<u> </u>			
HOLE SIZE	TUBINO, CASINO AND CASINO & TUBINO SIZE				DEPTH SET			SACKS CEMENT			
	ļ			·		<del></del>		<del> </del>			
. TEST DATA AND REQUES	* 57.11	173071	RIE								
IL WELL (Tell multer after to				il and must	: be equal to or	exceed top alle	mable for thi	depth or be f	or full 24 hour	z.)	
Data First New Oil Rus To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tublag Pressure				Casing Pressure Choke Size						
tani bad Kalas tad					W bu.			One- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.						
JAS WELL											
ichial Prod. Teel - MCT/D	- MCI/D Laugh of Test				Bbls, Condensit/MIMCF			Gravity of Condensale			
ellag Method (pitot, back pr.)	Tubing Pressure (Shut-In)				Casing Pressure (Shut-le)			Choke Size			
I ODED ATOD CERTIFICA	ATE OF	COMP	1 A NI	CE	1			L	<del> </del>	J	
I. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.					I.		-	Ιν 1333			
					Date Approved						
Larry B M Parrall					By ORIGINAL SIGNED BY JERRY SEXTON						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(915)

Signature Larry B.

November 10.

Printed Name

/McDonald

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

**V-P** Production

THE

682-8873 Telephone No.

- 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.