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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Open Cross Timbers Ope		Compan		<u> </u>			Wall A	PI No.			
Open Cross Timbers Ope	racing	compan	У				30-	025-05979			
Address											
810 Houston Str	<u>eet, Su</u>	<u>ite 20</u>	00.	Fort Wo	rth. Te	(as 761)	02				
Resson(s) for Filing (Check proper box)		Change in	Tasa	and an ordi		A (LINGUE CYLM					
New Well	Oil		Dry G								
Recompletion U Change in Operator	Casinghead	_	Conde								
f change of operator give same			Co-		ivicion	of A+1:ur	tic Dic	nfield Cor	ากลทุง		
	O Box	<u>na Gas</u> 1710.	Hobt	ns. New	Mexico	88240	 	.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	12413—		
IL DESCRIPTION OF WELL.	AND LEA	AND LEASE				- Exercise			Lease No.		
Lease Name		Well No. Pool Name, Including 14 Monument			1 0 4			Federal or Fee			
Bertha J. Barber		14	110	munienc	<u>Difficuly</u>				 		
и	: 1650		Foot F	mm The NO	rth Lim	and _660	Fe	et From The	ast	Line	
Unit Letter	_ :			102 120 222						_	
Section 7 Township	p 20S		Range	37E	<u>, N</u>	APM,	Lea			County	
	CDADTE		TE AN	JID. BJA THI	PAT GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden	sate	רם יח זעע ז הי	Address (Giv	e address to w	hich approved	copy of this form	is to be 14	(1)	
Shell Pipeline Corpor	X)			ب	P. O. F	lox 1910	Midlan	d_Texas	79701		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					mt)	
Warren Petroleum Corp		ration			Box 1589, Tulsa. Is gas actually connected?			Oklahoma 74102			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge. 37	1 -	y connected?	:				
give location of tanks. If this production is commingled with that	<u> </u>	/ er leses er	20		Yes			knovn			
If this production is comminged with this ! IV. COMPLETION DATA	HOM My Out	EI ROLLE OF	,,,, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Oil Well	\neg	Gas Well	New Well	Workover	Deepea	Plug Back Sa	me Res'Y	Diff Res'v	
Designate Type of Completion		1			Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1	
Date Spudded	Date Com	xi. Ready to	Prod.		1000 Debra			F.B. 1.D.			
(DC DKD DT CB vio)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Lane or Loronnia Louisson										
Perforations								Depth Casing S	poe		
						VC BECCE	<u> </u>	<u> </u>			
					CEMENTI	DEPTH SET		SAC	CK\$ CEM	ENT	
HOLE SIZE	CA	SING & TI	JEING	SIZE		DEF IN SALI					
	 										
	 										
					<u></u>			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR A	LLOW	ABLI	E 4 - 21 - 22 - 22 - 22 - 22	he amed to se	erceed top all	lowable for thi	s depth or be for	full 24 hou	F2.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te		oj 1001	OU AND MUSI	Producing M	ethod (Flow, p	urp, gas lift,	uc.)	·		
Date Hust New Oil Kin 10 1smr	Date of 16	•									
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size	Choice Size		
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Marti - Dorr	•					
GAS WELL					Table Conde	mie/MMCF		Gravity of Con	deamate		
	War and and	Total									
Actual Prod. Test - MCF/D	Length of	Test			Bots. COBGE			l			
		Test	t-in)			ure (Shut-in)		Choke Size			
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)			t-ia)					Choke Size			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu		NCE	Casing Press	ure (Shut-in)	VSERV		IVISIO		
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	Tubing Processing Proc	F COMI	PLIA	l	Casing Press	ure (Shut-in)	NSERV	ATION D	IVISIO	ON	
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I bereby certify that the rules and regularities have been complied with and	Tubing Pr CATE Of that the info	COMI	PLIA	l	Casing Press	OIL COI	JU		IVISK	ON	
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Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regularities in true and complete to the best of my Signature Vaughri 0. Vennerberg, II	Tubing Proceedings of the data the information of the data the information of the data that	COMI Oil Conse	PLIA rvation wen abo		Casing Press Date By _	OIL COI	JU INAL SIGN DISTRIC	ATION D L 0 8 199	SEXTO		
VI. OPERATOR CERTIFIC I bereby certify that the rules and regularized have been complied with and in true and complete to the best of my Signature.	Tubing Pr CATE Of stations of the d that the info knowledge a	COMICOS Signatura de la constanta de la consta	PLIA rvatios vea abo	Land	Casing Press	OIL COI	JU INAL SIGN DISTRIC	ATION D L 0 8 199	SEXTO		

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.