

OIL CONSERVATION DIVISION

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

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

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. 30-025-06025
Address P. O. Box 50847 Midland, Texas 79710		
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 11-1-93
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERTHA J. BARBER	Well No. 11	Pool Name, including Formation Monument Blinebry	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line Section 8 Township 20S Range 37E , NMIM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate EOT Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666 Houston, Texas 77210-4666	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7
	Twp. 20	Rge. 37
	Is gas actually connected? Yes	
	When? Unknown	

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	DIT 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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	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.

Larry B. McDonald
Signature
Larry B. McDonald V-P Production
Printed Name
November 10, 1993 (915) 682-8873
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 1993**
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.