Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

<u>I.</u>	TOTRA	NSPORT OF	L AND N	ATURAL G	IZATION AS				
CROSS TIMBERS OPERATING COMPANY					Well	30-0.	250°	1731	
P. O. Box 50847, Midland, Texas 79710								, , ,	
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator	)	Transporter of: Dry Gas	O	hes (Please expl	lain)			······································	
If change of operator give name and address of previous operator Cro	oss Timbers Pro	oduction C	ompany.					0.	
L DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation					th, Tex				
MC CALLISTER	1				of Lease Lease No. Federal of Fee				
Unit Letter M	<u>. 660</u>	Feet From The	South u	se and 560	) · F	set From The _	West	Line	
Section 5 Towns	hip 20S	Range 381	EN	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPORTER OF OI	L AND NATU							
Name of Authorized Transporter of Oil Pride Pineline Co	Address (Give address to which approved copy of this form is to be sent)								
Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			P. O. Box 2436, Abilene, Texas 79604  Address (Give address to which approved copy of this form is to be sent)					04	
Warren Petroleum Corporation			P. O. Box 67, Monument, New Mexico 88265					88265	
If well produces oil or liquida, give location of tanks.	Unit Sec. 1	Twp.   Rge. 20S   38E	is gas actually connected? When Yes			1961			
f this production is commingled with the			ing order num	ber:		1901		<del></del>	
IV. COMPLETION DATA	Oil Well	1 0 11 11	) is as a		·				
Designate Type of Completion	1 - (X)	Gas Well	New Well	Workover	Doepea	Plug Back	iame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to 1	Prod	Total Depth		\	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations						Depth Casing Shoe			
	TUBING, C	CASING AND	CEMENTI	NO RECORD	<u> </u>				
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
7									
				<del></del>				<del> </del>	
. TEST DATA AND REQUE									
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of total volume of	load oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hou	rs.)	
we that sew out kill to talk	Date of Test		Producing Me	thod (Flow, pun	rp, gas lift, ei	(c.)		-	
ength of Test	Tubing Pressure	Casing Pressure			Choka Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL		<u>-</u> l		-		<u> </u>			
setual Prod. Test - MCF/D	Length of Test		Bbls. Condenmis/MMCF			Oravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I OPERATOR CERTIFIC  I hereby certify that the rules and regule Division have been complied with and is true and complete to the best of my l	ations of the Oil Conservat that the information given	ion		OIL CONS			IVISIO	N	
Signature Larry B. McDonald Printed Name	Byigned by_ Paul Kaute Geologist								

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

Date

- 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.