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NOITUEISTZIO	. NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C+104
SANTA FE	. REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE U.S.G.S.		AND .	
LAND OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	λ\$
OIL	i		
GAS			
OPERATOR	1		
PRORATION OFFICE			
CROSS TIMBERS PRO	ODUCTION COMPANY		
Nations 810 Houston Stree	et, Suite 2000, Fort Wort	h, TX 76102	
Reason(s) for filing (Check proper box	,	Other (Please explain)	
New Well	Change in Fransporter of:		
tecompletion [7]	Oil Dry Ges	· <u> </u>	
Change in Ownership A	Casinghead Gas Condens		
change of ownership give name	Crown Central Petroleum 4000 N. Big Spring, Suit		5
DESCRIPTION OF WELL AND			ı '
Lease Name McCALLISTER	Well No. Pool Nam	ne, Including Formation ladine _ Blinebry	Kind of Lease State, Federal or Fee Fee
Location		· · ·	
Unit Letter D; 66	O Feet From The North Line	e and 660 Feet From Ti	west
Line of Section 8 , To	wriship 20S Range	38E , NMPM, L	ea County
ነድር፤ሮህ <u>የ</u> መነሰኔ፤ ሰድ ጥቦ የኦሮ <u>ኮ</u> ሶኮ	TED OF OIL AND NATIONAL CA	S	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ct	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	ed copy of this form is to be sent)
Pride Pipeline Compan		P. O. Box 2436, Abilene	e, TX 79604
Name of Authorized Transporter of Ca		Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp	oration	P. O. Box 67, Monument,	, NM 88265
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
give location of tanks.	; M	Yes ! No	ovember 2, 1982
	ith that from any other lease or pool,	give commingling order number:	DH 559
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Ren'
Designate Type of Completi		1 / 1	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
J-10 0, 11-10-1		•	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	DOD ALLOWADIE CT	G	and must be equal to as around top all
TEST DATA AND REQUEST 1		after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top and
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			C NCE
Actual Prod. During Test	OII-Hbls.	Water-Bbls.	Gas-MCF
			1
GAS WELL			
GAS WELL Actual Prod. Test-EUF/D	Length of Test	Bbl::. Condensute/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Cusing Pressure	Choke Size
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION
		•] [1988
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	f with and that the information given the best of my knowledge and belief.	1	NED BY JERRY SEXTON
/ /		DISTRI	CT I SUPERVISOR
		TITLE	
$1/2$ / λ 1/2 / λ	Managha O Managha XX	This form is to be filed in	compliance with RULE 1104.
Vangle O. Wirsh	Vaughn O. Vennerberg, II	If this is a request for allo	wable for a newly drilled or deepe
/\(\(\sigma\)	ignature)	well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the devia ordance with RULE 111.
أمراء مصمصط المصمط المأ		H *==== *==== === === ::=== :: === ::	

(Title) 12-31-87 All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of conditions.