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į.	DISTRIBUTION		· · · · · · · · · · · · · · · · · · ·		
	SANTA FE		NSERVATION COMMISSION	Form 3+104 Supersodes Old C+104 and	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	45	
	RANSPORTER OIL				
	OPERATOR				
1 .	PRORATION OFFICE				
	CROSS TIMBERS PRODUCTION COMPANY				
		810 Houston Street, Suite 2000, Fort Worth, TX 76102 Leason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:			
	Honompletion	Oil Dry Cau Casinghead Gas Condena			
Ĺ		Crown Central Petroleum	Corporation		
	If change of ownership give name and address of previous owner	4000 N. Big Spring, Suit	<u>e 213, Midland, TX 7970;</u>	15	
н .	DESCRIPTION OF WELL AND I Lease Home	Well No. Pool Nam	ne, Including Formation	Kind of Lense	
	McCALLISTER	3 West	Nadine (Blinebry)	State, Federal or Fee Fee	
Unit Letter C				he West	
			38E , NMPM, Lea	Cour	
	X				
11.	Name of Authorized Transporter of Cil	ER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	Pride Pipeline Company Name of Authorized Transporter of Cas	Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas y or Dry Gas		P. O. Box 2436, Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)	
	Warren Petroleum Cor	poration^	P, O. Box 67, Monument		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 5 20S 38E	Is gas actually connected? Whe Yes N	ovember 2, 1982	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:		
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Bick Same Restv. Diff. H	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Pool	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
		<u>_</u>		Depth Casing Shoe	
	Perforations				
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a. OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top a.				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-isbis.	Water • Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MDF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JAN 2	<u>5 1988</u>	
				SIGNED BY JERRY SEXTON	
				TRICT I SUPERVISOR	
	Und Durner Vaughn O. Vennerberg, II			compliance with RULE 1104.	
			If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all		
	() Land Manager)				
	(Tiule) 12-31-87		able on new and recompleted wells. Fill out Sections I. II. III. and VI only for changes of own		
	(Date)		well name or number, or transporter, or other such change of conditi		