

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CROSS TIMBERS PRODUCTION COMPANY	Well API No.
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 checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 Cancel W. Nadine Glas.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moran	Well No. 2	Pool Name, including Formation West Nadine (Blinebry)	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Fee	Lease No.
Location				
Unit Letter I	1650	Feet From The South	Line and 660	Feet From The East Line
Section 6	Township 20-S	Range 38-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, New Mexico 88265	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6
	Twp. 20S	Rge. 38E
	Is gas actually connected?	When?
	Yes	2-5-85

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 6-5-84	Date Compl. Ready to Prod. 1-12-89		Total Depth 7130		P.B.T.D. 6800			
Elevations (DF, RKB, RT, GR, etc.) 3588 KB	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5888		Tubing Depth 6459			
Perforations 5888-6352 (24 holes 1jsnf)					Depth Casing Shoe 7130			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/8"	54.5		30		--			
8 5/8"	24		1534		700			
5 1/2"	15.5 & 17		7130		1700			

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.)

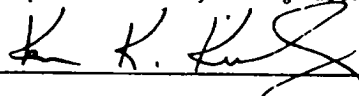
Date First New Oil Run To Tank 1-12-89	Date of Test 1-15-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 40	Choke Size --
Actual Prod. During Test 25	Oil - Bbls. 17	Water - Bbls. 8	Gas- MCF 27

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


Signature **Ken K. Kirby** Operations Engineer
Printed Name
Date **January 17, 1989** Telephone No. **(915) 682-8873**

OIL CONSERVATION DIVISION

Date Approved **JAN 19 1989**
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.

RECEIVED
JAN 18 1989
OCD
HOBB'S OFFICE

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