

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-111
Effective 1-1-85

Operator Crown Central Petroleum Corporation	
Address 4000 N. Big Spring, Suite 213, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Christmas	Well No. 2	Pool Name, including Formation West Nadine - Drinkard	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter A	380	Feet From The North	Line and 420	Feet From The East
Line of Section 7	Township 20S	Range 38E	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)				
Koch Oil Company	P.O. Box 3609, 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)				
Warren Petroleum Corporation	P.O. Box 67, Monument, New Mexico 88265				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 6	Twp. 20S	Rge. 38E	Is gas actually connected? When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-17-85	Date Compl. Ready to Prod. 4-13-85		Total Depth 7500		P.B.T.D. 6960			
Pool West Nadine	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6654		Tubing Depth 6925			
Perforations 6654-6943 (20 - 0.4" jet shots)					Depth Casing Shoe 7498			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" - 24#		1506		725			
7-7/8"	5-1/2" - 15.5 & 27#		7498		1470			
	2-3/8"		6925					

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)

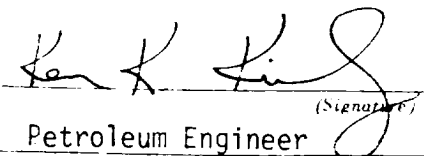
Date First New Oil Run To Tanks 4-14-85	Date of Test 4-26-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 75	Casing Pressure 40	Choke Size -
Actual Prod. During Test 61	Oil-Bbls. 28	Water-Bbls. 33	Gas-MCF 304

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


K.K. Kirby
Petroleum Engineer
(Title)

May 1, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 6 1985, 19
BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable 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 condition.

Supersedes Form O-104 must be filed in each section as to

RECEIVED

MAY 3 1985

OFFICE
HOBBS & CO.