

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator:
Texas Vanguard Oil Company

Address:
P. O. Box 202650, Austin, Texas 78720

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain):
Effective 10-1-85

If change of ownership give name and address of previous owner: Operator
Federal Deposit Insurance Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quanah Parker	Well No. 2Y	Pool Name, including Formation Comanche Stateline Tansill	Kind of Lease State, Federal or Fee	State State	Lease No. L-3002
Location Yates SR Queen					
Unit Letter G	2771 Feet From The South Line and		2285	Feet From The East	
Line of Section 28	Township 26S	Range 36E	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"/> Tesoro Crude	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28	Twp. 26S	Rge. 36E	Is gas actually connected? When Yes 5-19-78

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Robert N. Watson, Jr. (Signature)
President
(Title)
September 20, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 27 1985, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Particulations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

RECEIVED
 SEP 30 1985
 C.C.D.
 HOBBS OFFICE