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 LAND SURVEY  
 TRANSPORTER  
 OPERATOR  
 APPROVING OFFICE

MEXICO OIL CONSERVATION COMMISSION  
 REGULATION ALLOWABLE  
 AND

Form O-104  
 Supersedes Old O-10 and O-  
 Effective 3-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
 Meyer & Associates, Inc.  
 P. O. Box 7784, Midland, TX 79703

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

Change in possible give name  
 to address of previous owner  
 GWA Corp. 675 Empire Plaza, Midland, TX 79701-4289

DESCRIPTION OF WELL AND LEASE  
 Well Name: Horse Back  
 Well No.: 6  
 Pool Name, including Formation: Comanche Stateline Mansfield  
 Kind of Lease: State  
 Lease No.: L6379  
 Location: Yates, St., Qu  
 Unit No.: 990  
 Section: 33  
 Township: 26S  
 Range: 36E  
 Meridian: Lea  
 County: Lea

NAME(S) OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of authorized Transporter of Oil: Tesoro Petroleum Corp.  
 Address (Give address to which approved copy of this form is to be sent): 8700 Mesero Drive, San Antonio, TX 78286  
 Name of authorized Transporter of Gas (Natural Gas or Dry Gas): 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, TX 79978  
 Well produces oil or liquids, or both:   
 Well produces gas:   
 Is gas actually connected? Yes  
 When: 6-26-78

This production is commingled with that from any other lease or pool, give commingling order number:  
 DESIGNER DATA  
 Designer: Type of Completion - (X)  
 Date Compl. Ready to Prod.  
 Name of Producing Formation  
 Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

WELL SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND RECORDS 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 60 for full of barrel)  
 Date of Test  
 Producing Method (Flow, pump, gas lift, etc.)  
 Name of Tester  
 Casing Pressure  
 Choke Size  
 Oil-BBLs  
 Well-1500  
 Gas-MCF  
 Length of Well  
 Depth of Well  
 Oil-BBLs  
 Well-1500  
 Gravity of Condensate  
 Tubing Pressure (shut-in)  
 Casing Pressure (shut-in)  
 Choke Size

STATEMENTS TO COMPLETION  
 I hereby certify that the rules and regulations of the O.C. Commission have been complied with and that the information given on this form is true and complete to the best of my knowledge and belief.  
 Signature: [Handwritten Signature]  
 Title: [Blank]  
 Date: 8-10-82

OIL CONSERVATION COMMISSION  
 APPROVED: [Stamp] 1982  
 BY: [Signature]  
 TITLE: [Signature]  
 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 logs taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and re-completed wells.  
 With out only sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition