

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Federal Deposit Insurance Corporation  
Address  
P. O. Box 3148, Midland, Texas 79702

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)  
 Change in Operator

If change of ~~operator~~ give name and address of previous owner  
 Operator Meyer & Associates, Inc. P. O. Box 7764, Midland, Texas 79703

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horseback	Well No. 3	Pool Name, including Formation Comanche StateLine Tansil Yates SR Ou	Kind of Lease State, Federal or Fee State	Lease No. L6739
Location Unit Letter <u>B</u> ; <u>2240</u> Feet From The <u>East</u> Line and <u>750</u> Feet From The <u>North</u> Line of Section <u>33</u> Township <u>26S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

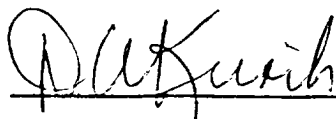
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286					
Name of Authorized Transporter of Casinghead 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 G	Sec. 33	Twp. 26S	Rge. 36E	Is gas actually connected? Yes	When 6-26-84

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.

  
 \_\_\_\_\_  
 (Signature)  
 Section Chief - Oil & Gas, Property Management  
 \_\_\_\_\_  
 (Title)  
 July 18, 1984  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION DIVISION  
 AUG 23 1984  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Eddie W. Seay  
 Oil & Gas Inspector  
 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.