

DEPARTMENT	
AREA	
FILE	
U.S. No.	
LAND OFFICE	
TRANSPORTATION	
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL & GAS CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form O-104
Replaces Old O-101 and O-102
Effective 1-1-67

NOTIFICATION TO TRANSPORT OIL AND NATURAL GAS

By: Weyer & Associates, Inc.

Address: P. O. Box 7764, Midland, TX 79703

Reason for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Designation <input checked="" type="checkbox"/>	Designated Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Change of owner (Give name and address of previous owner) GMW Corp. 675 Empire Plaza, Midland TX 79701-4239

WELL NAME	Well No. (See Plans, including Formation)	Kind of Lease	Lease No.
<u>Comanche State Line Tansil</u>	<u>1</u>	State, Federal or Fee	<u>Fee</u>
Section	Rate <u>32-04</u>		

Unit Corner E ; 36P Feet From The West Line and 30 Feet From The North Line of 27 Township 36S Range 36E 34M Lea County

NOTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Tesoro Petroleum Corp.</u>	<u>8700 Tesoro Dr. San Antonio, TX 78286</u>
Name of Authorized Transporter of Gas, Designated Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>
Well produces oil or liquids; give location of tank <input type="checkbox"/>	Is gas actually connected? <input checked="" type="checkbox"/>
Unit <u>E</u> Sec. <u>27</u> Twp. <u>26S</u> Rng. <u>36E</u>	When <u>1-14-81</u>

If production is commingled with that from any other lease or pool, give commingling order number: None

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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	Date Complet. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (OP, RKB, RT, OR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
		Depth Casing Shoe						

PIPE 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 Area To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Weight of Tank	Tubing Pressure	Casing Pressure	Choke Size
Water - Bbls.	Oil - Bbls.	Water - Bbls.	Gas - MCF
Gas - MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flow - Bbls. (flow, peak pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

STATEMENT OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been read and that the information given on this form is complete and true to my knowledge and belief.

William Gibson
(Signature)
Production Clerk

8-13-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 130 1982

SIGNED BY W. B. SEXTON

TITLE PROD. SUPR.

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 deviated tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner with name of landowner, or transporter, or other such change of condition.