

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
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PROMOTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MGF Oil Corporation

Address
Box 360, Midland, Texas 79702

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> 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 |

Other (Please explain)
Test allowable for the month of February, 1987, approx. 4500 bbls.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name E. B. Anderson | Well No. 3 | Pool Name, including Formation Stallion (Devonian) | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West Line of Section 6 Township 13-S Range 38-E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

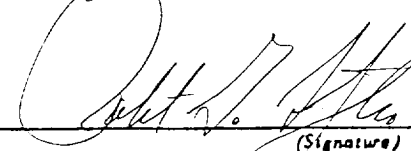
| | |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 17536, San Antonio, Texas 78286 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None (Gas TSTM) | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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.



Production Manager
2-2-87

(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 5 1987, 19
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

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.