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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Port of Origin	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OLC C-101 and C-1
Effective 1-1-65

Mayor & Associates, Inc.
P. O. Box 7764, Midland, TX 79703

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Gashead Gas ☐ Condensate ☐
Change in Owner ☒ Other (Please explain)

Change of ownership give name and address of previous owner
Mid Corp. 675 Empire Plaza, Midland, TX 79701-4289

DESCRIPTION OF WELL AND LEASE

Lease Name Horse Back	Well No. 2	Pool Name, including Formation Comanche Stateline Tensil	Kind of Lease State, Federal or Fed State	Lease No. L6379
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Location
Unit Letter G : 700 Feet From The South Line and 1980 Feet From The East

Line of Section 33 Township 26S Range 36E N42W Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐ Tesoro Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, TX 78286
Signature of Authorized Transporter of Gashead 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. Location of tanks.	Unit G Soc. 33 Twp. 26S Rge. 36E 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:

PRODUCTION DATA

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

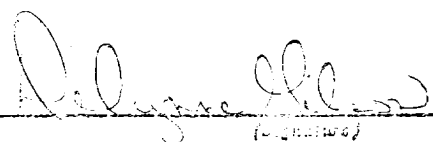
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Fluid Prod. (bbls./hr.)	Oil - Bbls.	Water - Bbls.	Gas - MCF

5 WYD

Fluid Prod. (bbls./hr.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


Production Clerk
(Title)

8-10-82

OIL CONSERVATION COMMISSION

APPROVED 8-20-1982, 19
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If there 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 portions of this form must be filled out completely for allowance on new and recompleted wells.
Fill out only portions I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.