30-025-25778

ENERGY AND MINERALS DEPARTMENT						
					Form C-104 Revised 10-01-	•78 ·
DISTRIBUTION	OIL CONSE	PVATION	DIVISION		Format 06-01-	
BANTA PE		O. BOX 2088	DIVISION		Page 1	
FILE		NEW MEXI	CO 97501			
LAND OFFICE	SANTA FE,	NEW MEXT				
TRANSPORTER OIL					- 0 P -	a .
DAL	REQUES	T FOR ALLOW	ABLE	# c	1 378	8
OPERATOR		AND	•			
PROMATION OFFICE	AUTHORIZATION TO T	RANSPORT OIL	AND NATURAL G	AS		
L. Operator	· · · · · · · · · · · · · · · · · · ·					
Texas Vanguard Oil Compan	ny		···			
PO Box 202650, Austin, To	exas /8/20-2650					
Reason(s) for filing (Check proper box)			Other (Please explai	<i>v</i>		
New Well	Change in Transporter of:					
Recompletion		Dry Gas				
Change in Ownership	XX Casinghead Gas	Condensate				-
If abarra of amarchia sive same						
If change of ownership give name and address of previous owner						
·						
II. DESCRIPTION OF WELL AND LE	EASE					
Lecse Name	Well No. Pool Name, Inclu	ding Formation .	Cansill Kind o	Lease		Lease No.
Quanah Parker	<u> #1 Comanche S</u>	<u>tateline Ya</u>	ates 7Rvs Stote,	Federal or Fee	STate	L-3002
Location						
Unit Letter 0 ; 330	Feet From The South	Line and	2310 Feet	From TheE	ast	
Line of Section 28 Township	p 26-S Rand	- 36-Е	, NMPM,	Lea		County
Line of Section 28 Township	p <u>26-5</u> Ranc	• 36−E	, NMPM,	Lea		County
III. DESIGNATION OF TRANSPORT		URAL GAS				
<u></u>		URAL GAS	, NMPM, Give address to which		this form is to	<u> </u>
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cill	IER OF OIL AND NAT or Condensate	URAL GAS	Give address to which < 2281. Midlan	approved copy of d, TX 79702	2	be sent)
III. DESIGNATION OF TRANSPORT	IER OF OIL AND NAT or Condensate	URAL GAS		approved copy of d, TX 79702	2	be sent)
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil (X) Lantern Petroleum Corpor. Name of Authorized Transporter of Casinghe	IER OF OIL AND NAT or Condensate ation edd Gas XX or Dry Gas (URAL GAS Address PO BO: Address	Give address to which <u> <u> <u> <u> </u> </u></u></u>	approved copy of d, TX 79702 approved copy of	2 this form is to	be sent) be sentj
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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	WCIKOVET	Deepen	Plug Back	Same Restv.	Diff. Re
Date Spudded	Date Comp	I. Ready to P	rod.	Total Dept	h		P.B.T.D.	1 	↓ ↓
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		nation	Top Oll/Gas Pay			Tubing Depth		
Perforations		·	<u> </u>	<u> </u>		····.	Depth Casi	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			<u> </u>
HOLE SIZE	CASI	NG & TUBI		1	DEPTH SE		5/	ACKS CEMEN	17
			·····-						
	1								
	1						_ 		

V. 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 allo OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oll • Bble.	Water-Bbis.	Gas-MCF		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-12)	Choke Size
Law and the second seco		<u>}</u>	