

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texas Vanguard Oil Company	
Address P. O. Box 202650, Austin, Texas 78720	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate
Effective 10-1-85	

Operator
If change of ownership give name and address of previous owner Federal Deposit Insurance Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quannah Parker	Well No. 1	Pool Name, including Formation Comanche Stateline Tansill	Kind of Lease State, Federal or Fee	State State	Lease No. L-3002
Location Yates SR Queen					
Unit Letter 0 ; 2310 Feet From The East Line and 330 Feet From The South					
Line of Section 28 Township 26S Range 36E, NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Tesoro Crude	8700 Tesoro Drive, San Antonio, Texas 78286	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28
	Twp. 26S	Rge. 36E
	Is gas actually connected? Yes	
	When 5-19-78	

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.

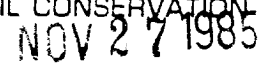

Robert N. Watson, Jr. (Signature)
President

(Title)

September 20, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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.

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SEP 30 1985

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (Pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

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

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 allowable for this depth or be for full 24 hours)

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TUBING, CASING, AND CEMENTING RECORD			

Corrections	Depth Casing Shoe	
Elevations (D.F., RKB, RT, CN, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Date Spudded	Date Compl. Ready to Prod.	Total Depth
		P.B.T.D.
		Tubing Depth

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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V. COMPLETION DATA