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

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

Form O-104
Supersedes Old O-104 and O-1
Effective 1-1-65

Operator
Neyer & Associates, Inc.
Address
P. O. Box 7764, Midland, TX 79703

Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter oil ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Owner ☒	Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE

Well Name Tansil Parker	Well No. 1	Pool Name, including Formation Comanche, Stateline Tansil Tates, SR, Queen	Kind of Lease State, Federal or Fee State	Lease No. L3002
Section 0	2310	Feet From The East Line and 330	Feet From The South	
Map Section 28	Township 26S	Range 36E	County Lea	

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)					
Texaco Petroleum Corp.	8700 Taboro Drive, San Antonio, TX 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 Company	P. O. Box 1492, El Paso, TX 79978					
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

This production is commingled with that from any other lease or pool, give commingling order number:

EMPLOYEE DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Well spaced								
Date Comp. Ready to Prod.								
Leveling (SP, R&D, RT, GA, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

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)

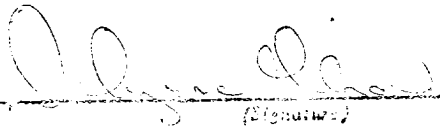
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Level Press. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL AS

Length of Test	Grav. Condensate/MCF	Gravity of Condensate
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 here is true and complete to the best of my knowledge and belief.


(Signature)
Production Clerk
(Title)
8-10-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10 30 1982, 19
BY SECRETARY
TITLE SECRETARY

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 logs taken on the well in accordance with RULE 111.

All portions 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.