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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

PRORATION OFFICE

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

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

Operator
Meyer & Associates, Inc.

Address
P. O. Box 7764, Midland, TX 79703

Reason(s) for filing (Check proper box)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate

Other (Please explain)

If change of ownership give name and address of previous owner CAW Corp. 675 Empire Plaza, Midland, TX 79701-4289

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jacinth Parker	1	Comanche, Stateline Tansill ~~Yates, SR, Queen~~	State, Federal or Fee State	L3002

Location
Unit Letter O : 2310 Feet From The East Line and 330 Feet From The South

Section 28 Township 26S Range 36E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Texas Petroleum Corp.

Address (Give address to which approved copy of this form is to be sent)
8700 Tesoro Drive, San Antonio, TX 78286

Name of Authorized Transporter of Casinghead 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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	28	26S	36E	Yes	5-19-78

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

COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			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)

OIL WELL

Date 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 above is true and complete to the best of my knowledge and belief.

(Signature)

Production Clerk
(Title)

8-10-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 30 1982, 19

BY

TITLE SUPR.

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.