

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. BY OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.E.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PERMITS 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, Midland, Texas 78720

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Change of Operator
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of operator, give name and address of previous owner: Federal Deposit Insurance Corporation, P. O. Box 3148, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horseback	Well No. 5	Pool Name, including Formation Comanche Stateline Tansil Yates SR Queen	Kind of Lease State, Federal or Fee State	Lease No. L6379
Location Unit Letter <u>H</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>26S</u> Range <u>36E</u> NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Tesoro Petroleum Corporation	8700 Tesoro Drive, San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>33</u> Twp. <u>26S</u> Rge. <u>36E</u>	Yes 6-26-78

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)
January 7, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.