

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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator GMW Corp.	
Address 675 Empire Plaza, Midland, Texas 79701-4289	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in operator name & mailing address
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name Horse Back	Well No. 6	Pool Name, including Formation Comanche Stateline Tansil Yates, <i>St. Louis</i>	Kind of Lease State, Federal or Fee	Lease No. L6379
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</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, Lea County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702					
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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 26S	Rge. 36E	Is gas actually connected? Yes	When 6-26-78

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DE, 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

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

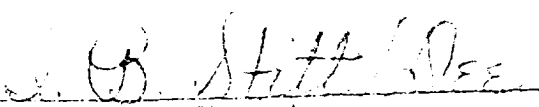
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Free, Back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. 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 Manager	
May 11, 1982	
(Date)	

OIL CONSERVATION COMMISSION

JUL 20 1982

APPROVED	Orig. Signed by	19
BY	Les Clements	
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 available data taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable to be considered and accepted as valid.
Fill out only Sections I, II, III, and VI for changes of lease well name or pool or, or transporter, or other such change of condition.