

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRODUCTION OFFICE

OIL

GAS

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 Transporter of:

Change in operator name & mailing address

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Horse Back

7

Comanche Stateline Tansi Yates, ~~Sh...~~

State, Federal or Fee

State

L6379

Location

Unit Letter

C

: 2310

Feet From The

West

Line and

990

Feet From The

North

Line of Section

33

Township

26S

Range

36E

, NMPM,

Lea

County

1. 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)

Basin, Inc.

P.O. Box 2297, Midland, Texas 79702

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, Texas 79978

If well produces oil or liquids, give location of tanks.

Unit

Soc.

Twp.

Rge.

Is gas actually connected?

When

G

33

26S

36E

Yes

6-26-78

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

2. 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, CR, 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

3. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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/MMCF

Gravity of Condensate

Testing Method (flow, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

4. 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

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

JUL 20 1982

Orig. Signed by

Les Clements

Oil & Gas Insp.

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 6 static tests taken on the well in accordance with RULE 101.

All portions of this form must be filled out completely for allowable to be considered acceptable.

Fill out only portions I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.