

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 05-01-83  
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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Federal Deposit Insurance Corporation

Address  
P.O. Box 3148, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Change in Operator
<input type="checkbox"/> Recorepletion	<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 ownership give name and address of previous owner  
Operator  
Meyer & Associates, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pawnee Deep Unit	Well No. 1	Pool Name, including Formation Pawnee (Strawn)	Kind of Lease State, Federal or Fee State	Lease No. LG3340
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>22</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"/> Tesoro Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Dr., San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 <u>F</u> Sec. <u>22</u> Twp. <u>26S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>5-1-80</u>

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.

W. K. Smith  
(Signature)  
Section Chief - Property Management - Oil & Gas  
(Title)  
August 15, 1984  
(Date)

OIL CONSERVATION DIVISION  
AUG 23 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Eddie W. Searcy  
TITLE Oil & Gas Inspector

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.

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AUG 22 1984

C. D.  
POLICE OFFICE