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REGISTRATION

AREA

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

OPERATION

PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

A-10

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104

Revised - Old O-101 and O-102

Effective 1-1-65

Operator: Neaver & Associates, Inc.

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

Reason(s) for filing (Check proper box) Other (Please explain)

Oil Well Change in Transporter of

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Change of ownership give name and address of previous owner: GMW Corp. 675 Empire Plaza, Midland, TX 79701-4289

DESCRIPTION OF WELL AND LEASE

Lease Name: Pawnee Deep Unit Well No.: 1 Pool Name, including Formation: Pawnee (Strawn) Kind of Lease: State Lease No.: LG3340

Location

Unit Name: 7 ; 1850 Feet From The North Line and 2610 Feet From The West

Line of Section: 22 Township: 26E Range: 36E , NMPM Lea County

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): Tesoro Petroleum Corp. 8700 Tesoro Drive, San Antonio, TX 78286

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, TX 79978

Does well produce oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
F	22	26S	36E	Yes	5-1-80

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

COMPLETION DATA

Designate Type of Completion - (A)	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.

Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Locations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

LOG 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)

AS 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

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

AS WELL

Water Prod. Total-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate

Water, Bbls (total, each pay)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

STATEMENTS OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given here is true and complete to the best of my knowledge and belief.

Richard J. Brown
(Signature)

Production Clerk
(Title)

8-17-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1982

DESIGNED BY _____ IS _____

BY _____

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 deviate 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 re-completed wells.

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