

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
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| SANTA FE               |             |
| FILE                   |             |
| U.S.O.S.               |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |

Operator  
Federal Deposit Insurance Corporation

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Operator

If change of ownership give name and address of previous owner  
Operator  
Meyer & Associates, Inc., P. O. Box 7764, Midland, Texas 79703

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Lease Name<br>Buffalo Hump   | Well No.<br>1 | Pool Name, Including Formation<br>Comanche Stateline Tansil<br>Yates SR Qu | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter E ; 660 Feet From The West Line and 2030 Feet From The North<br>Line of Section 27 Township 26S Range 36E , NMPM, Lea 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"/><br>Tesoro Petroleum                    | Address (Give address to which approved copy of this form is to be sent)<br>8700 Tesoro Drive, San Antonio, Texas 78286 |  |  |  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, Texas 79978        |  |  |  |
| If well produces oil or liquids, give location of tanks.<br>Unit Sec. Twp. Rge.<br>E 27 26S 36E   | Is gas actually connected? When<br>Yes 1-14-81  |  |  |  |

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

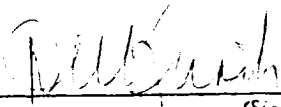
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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 above is true and complete to the best of my knowledge and belief.



Section Chief - Oil & Gas, Property Management

July 12, 1984

(Date)

OIL CONSERVATION DIVISION

JUL 28 1984

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_  
Chief of this Inspector

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 deviated 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 filled for each pool in multiple completed wells.