

NAME OF OPERATOR	
DISTRICT	
COUNTY	
FILE	
DATE	
TRANSPORTER	
OPERATOR	
PHONE NO.	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

Operator
Meyer & Associates, Inc.

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

Reason for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in casinghead gas ☐	Casinghead Gas ☐ Condensate ☐

Name of owner (give name of lessee if previous owner) ☒ GIN Corp. 675 Empire Plaza Midland, TX 79701-4289

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
Buffalo Pump	2	Comanche Stateline Tansil Yates, GR-1	State, Federal or Fee Fee	

Unit Owner ☐ 660 Feet From The ☐ Line and ☐ Feet From The ☐ West

Section 27 Township 26S Range 36E NMR, 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 Dr. 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
Well produces oil or liquids, no production of natural gas ☐	Is gas actually connected? When
Unit E 27 26S 36E	Yes 1-14-81

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

WELL COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐		
How drilled	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.
Revisions (DF, RNS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
How drilled			Depth Casing Shoe

DRILLING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

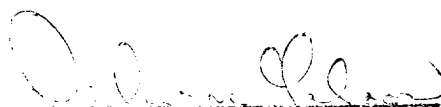
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of bond oil and must be equal to or exceed top allowable for test depth or be for full 24 hours)

Is First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
High of Tank	Tubing Pressure	Casing Pressure	Choke Size
Water Meter, Serial No.	Oil - Bbls.	Water - Bbls.	Gas - MCF

Test Method (Flow, Back pr.)	Length of Test	Lbbs. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

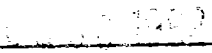
ATTestation OF COMPLIANCE

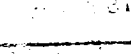
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


Production Clerk

10-10-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19

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 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 wells completed in 1981.

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.