

UNIT NUMBER	
AREA NO.	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROD. CONC. OFFICE	
SPILLAGE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

REGISTRATION TO TRANSPORT OIL AND NATURAL GAS

ILLEGIBLE

Rayor & Associates, Inc.

P. O. Box 7764, Midland, TX 79703

Reason for change (check proper box)

Other (Please explain)

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Change in well name and name of operator of previous owner: Giff Corp. 675 Empire Plaza, Midland, TX 79701-4289

REGISTRATION OF WELL TO LEASE

Well Name	Well No., Pool Name, including Formation	Kind of Lease	Lease No.
American Eagle	1 Comanche State Tansil	State, Federal or Fee State	LG3340
Notes	Notes		

Unit Number: 12, 660 Feet from the South Line and 660 Feet from the West
Section: 22, Township: 23N, Range: 36E, Sec. 12, Lee County

REGISTRATION 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	
Well produces oil or liquids, or production of tanks	Unit Sec. Twp. Rge.	Is gas actually connected? When
Yes	12 23S 36E	Yes 6-15-81

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

Designation of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Oil Spill	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Location (DP, RKS, A., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Information			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

WELL SIZE	CASING & TUBING SIZE	DEPTH - SET	SACKS CEMENT

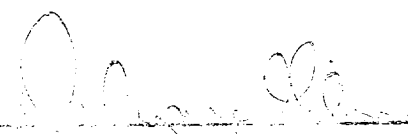
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of initial volume of load oil and must be equal to or exceed top allowable for this depth or 6. for full 21.5 ft.)

Flow Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Flow Test	Tubing Pressure	Casing Pressure	Choke Size
Flow Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Flow Test	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flow Test	Tubing Pressure (about 10")	Casing Pressure (about 10")	Choke Size

STATEMENT 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.


Operator
Signature
Date

OIL CONSERVATION COMMISSION

APPROVED 10/10/1982, 19

BY [Signature]

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 deviator tests taken on the well in accordance with RULE 111.
All portions 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.