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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
**BTA OIL PRODUCERS**  
**Address**  
 104 South Pecos Midland, Texas 79701

**Reason(s) for filing (Check proper box)**

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Bell Lake, 7909 JV-P	Well No. 1	Pool Name, Including Formation North Bell Lake (Devonian)	Kind of Lease State, Federal or Fee	Lease No. Fee
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**Location**  
 Unit Letter "F" ; 1650 Feet From The North Line and 2510 Feet From The West  
 Line of Section 18 Township 23-S Range 34-E , NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TESORO CRUDE OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18	Twp. 23	Rge. 34	Is gas actually connected? Yes	When
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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 Restv.	Diff. Restv.
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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)

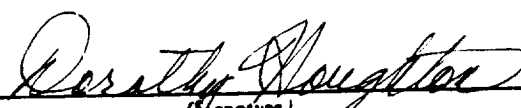
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
 Production Clerk  
 (Title)  
 6/28/82  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **JUN 30 1982**, 19\_\_\_\_

BY **JERRY SEXTON**  
 ORIGINAL SIGNED BY  
 TITLE **DISTRICT 1 SUPP.**

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.  
 Form C-104 must be filed for each pool in multiple

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JUN 29 1982

O.S.D.  
HOBBS OFFICE