NO. OF COPIES REC	CIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

ļ- -	DISTRIBUTION SANTA FE FILE		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	S		
	OPERATOR PRORATION OFFICE					
•	Operator BTA OIL PRODUCERS	•				
	Address					
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens	<u> </u>			
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo.	emation Kind of Lease	Lease No.		
	Lease Name Lea, 7406 JV-S	4 Comanche State	line (Tansill State, Federal			
	Location		Yates)			
	Unit Letter K; 165	O Feet From The South Line	and 2310 Feet From T	ne West		
	Line of Section 28 Town	nship 26-S Range	36-Е , ммрм,	Lea County		
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S			
••••	Name of Authorized Transporter of Oil	or Concensate	Address (Othe Budgess to misen opport			
	TESORO CRUDE OIL COMPA	NY Inghead Gos (1) of Day God (1)	8700 Tesoro Drive, San Address (Give address to which approve			
	EL PASO NATURAL GAS CO		Box 1492, El Paso, Tex			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. N 28 26 36	Yes			
	If this production is commingled with		give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
ı	Designate Type of Completio	n = (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
		Depth Casing Shoe				
	Perforations					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOBING SIZE				
V.	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)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
	GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION 1982		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		COLOUR SIG			
	Commission have been complied to above is true and complete to the	best of my knowledge and belief.	BY JERRY SEXTON			
			TITLE DISTRICT 1 SUPR.			
at Almita			This form is to be filed in compliance with RULE 1104.			

Production Clerk

(Title)

6/28/82 (Date)

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 well name Forms C-104 must be filed for each pool in multiple