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

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator		BTA OIL PRODUCERS	
Address			
104 South Pecos Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	GAS MUST NOT BE	
Recompletion	<input type="checkbox"/>	EXCEPT BY PERMIT	
Change in Ownership	<input type="checkbox"/>	IN ADDITION TO R-4070	
Change in Transporter of:		IS REQUIRED.	
Oil	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE ()

DATE () IF YOU DO NOT SIGN UP

FOR THIS OFFICE

DESCRIPTION OF WELL AND LEASE		Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lea, 7406 JV-S		4		Scarborough, West Yates		State, Federal or Fee State	L-6315
Location							
Unit Letter -K- ; 1650 Feet From The South Line and 2310 Feet From The West							
Line of Section 28 Township 26-S Range 36-E , NMPM, Lea County							

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
BASIN, INC.		511 W. Ohio, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		None		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		-N-	28	26-S	36-E	No	- -

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

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X					
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.					
3-1-78		3-18-78		3268'		3219'					
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth					
2893' GR		Yates		3145'		-					
Perforations		3145-68' (21 Holes)		Depth Casing Shoe		3268'					
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12-1/4"		8-5/8"		1400'		1000					
7-7/8"		5-1/2"		3268'		250					

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.)	
3-18-78	3-27-78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	360	-0-	10/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35	35	-0-	TSTM

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	

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19__	
Bob K. Newland		BY _____	
(Signature)		TITLE SUPERVISOR DISTRICT I	
Regulatory Supervisor		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
4/ 3/78		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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 filed for each pool in multiple.	