| ٢                                                                 |                                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|-------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|--|--|
| ŀ                                                                 | NO. OF COPIES RECEIVED                                      |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| ł                                                                 | SANTA FE                                                    |                                                                            | DNSERVATION COMMISSION                                                                                                                                                                                                                                              | Form C-104                                      |  |  |  |  |  |  |  |
|                                                                   | FILE                                                        | REQUEST                                                                    | FOR ALLOWABLE                                                                                                                                                                                                                                                       | Supersedes Old C-104 and C-<br>Effective 1-1-65 |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            | AND                                                                                                                                                                                                                                                                 | <b>0</b> 10                                     |  |  |  |  |  |  |  |
|                                                                   | U.S.G.S.                                                    | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS                             |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| ł                                                                 | OIL                                                         |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | TRANSPORTER GAS                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | OPERATOR                                                    |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | PRORATION OFFICE                                            |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| 1.                                                                | Cperator                                                    | I                                                                          |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | BTA OIL PRODUCERS                                           |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Address                                                     |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | 104 South Pecos Midland, Texas 79701                        |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Reason(s) for filing (Check proper box)                     |                                                                            | Other (Please explain)                                                                                                                                                                                                                                              |                                                 |  |  |  |  |  |  |  |
|                                                                   | New Well                                                    |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Recompletion                                                | Oil Dry Gas                                                                |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Change in Ownership                                         | Casinghead Gas Conden                                                      | sate                                                                                                                                                                                                                                                                |                                                 |  |  |  |  |  |  |  |
|                                                                   | If change of ownership give name                            |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| If change of ownership give name<br>and address of previous owner |                                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | £5838                                                       |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| 11.                                                               | DESCRIPTION OF WELL AND I<br>Lease Name                     | Well No. Fool Name, Including Fo                                           |                                                                                                                                                                                                                                                                     | se Lease No.                                    |  |  |  |  |  |  |  |
|                                                                   | -                                                           |                                                                            |                                                                                                                                                                                                                                                                     | _                                               |  |  |  |  |  |  |  |
|                                                                   | Lea, 7406 JV-S                                              | 5 Commanche State                                                          | Line (Tales)                                                                                                                                                                                                                                                        |                                                 |  |  |  |  |  |  |  |
|                                                                   | -<br>                                                       | 0 Feet From The South Line                                                 | and 990 Feet From                                                                                                                                                                                                                                                   | The West                                        |  |  |  |  |  |  |  |
|                                                                   | Unit Letter;;                                               | U Feet From The SOUTH Line                                                 | e and 550 Feet From                                                                                                                                                                                                                                                 | The MCSt                                        |  |  |  |  |  |  |  |
| i                                                                 | Line of Section 28 Tow                                      | vnship 26-S Range                                                          | 36-E , NMPM,                                                                                                                                                                                                                                                        | Lea County                                      |  |  |  |  |  |  |  |
|                                                                   | Line of Section 20 10                                       |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
| 111                                                               | DESIGNATION OF TRANSPORT                                    | TER OF OIL AND NATURAL GA                                                  | s                                                                                                                                                                                                                                                                   |                                                 |  |  |  |  |  |  |  |
|                                                                   | Name of Authorized Trausporter of Cil                       | or Condensate                                                              | Address (Give address to which appro                                                                                                                                                                                                                                | oved copy of this form is to be sent)           |  |  |  |  |  |  |  |
|                                                                   | BASIN, INC.                                                 |                                                                            | 511 W. Ohio Midland, Texas 79701                                                                                                                                                                                                                                    |                                                 |  |  |  |  |  |  |  |
|                                                                   | Name of Authorized Transporter of Cas                       | inghead Gas 🔀 🛛 or Dry Gas 🔄                                               | Address (Give address to which appro                                                                                                                                                                                                                                | oved copy of this form is to be sent)           |  |  |  |  |  |  |  |
|                                                                   | EL PASO NATURAL GAS COM                                     |                                                                            | Box 1492 El Paso,                                                                                                                                                                                                                                                   | Texas 79978                                     |  |  |  |  |  |  |  |
|                                                                   |                                                             | Unit Sec. Twp. Ege.                                                        |                                                                                                                                                                                                                                                                     | nen :                                           |  |  |  |  |  |  |  |
|                                                                   | If well produces cil or liquids,<br>give location of tanks. | -N- 28 26-S 36-E                                                           | Yes                                                                                                                                                                                                                                                                 | May, 1978                                       |  |  |  |  |  |  |  |
|                                                                   | If this production is commingled with                       | h that from any other lease or pool,                                       | give commingling order number:                                                                                                                                                                                                                                      |                                                 |  |  |  |  |  |  |  |
|                                                                   | COMPLETION DATA                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | D i sta Tura el Comeletio                                   | Oil Well Gas Well                                                          | New Well Workover Deepen                                                                                                                                                                                                                                            | Flug Back Same Resty. Diff. Resty.              |  |  |  |  |  |  |  |
|                                                                   | Designate Type of Completio                                 | ^                                                                          | X !                                                                                                                                                                                                                                                                 |                                                 |  |  |  |  |  |  |  |
|                                                                   | Date Spudded                                                | Date Compl. Ready to Prod.                                                 | Total Depth                                                                                                                                                                                                                                                         | P.B.T.D.                                        |  |  |  |  |  |  |  |
|                                                                   | 4/10/78                                                     | 5/9/78<br>Name of Producing Formation                                      | 3266'                                                                                                                                                                                                                                                               | 3246 '<br>Tubing Depth                          |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | 2895_GL                                                     | Yates                                                                      | 3]85'                                                                                                                                                                                                                                                               | 1400'<br>Depth Casing Shoe                      |  |  |  |  |  |  |  |
|                                                                   | Perforations                                                |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   |                                                             | 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"                                                                     | 3245'                                                                                                                                                                                                                                                               | 250                                             |  |  |  |  |  |  |  |
|                                                                   | ,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                     | 2-7/8"                                                                     | 3228'                                                                                                                                                                                                                                                               |                                                 |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                               |                                                 |  |  |  |  |  |  |  |
| v                                                                 | TEST DATA AND REQUEST F                                     | OR ALLOWABLE (Test must be at                                              | fter recovery of total volume of load oi                                                                                                                                                                                                                            | l and must be equal to or exceed top allow-     |  |  |  |  |  |  |  |
| ۳.                                                                | OIL WELL                                                    | able for this de                                                           | pth or be for full 24 hours)                                                                                                                                                                                                                                        |                                                 |  |  |  |  |  |  |  |
|                                                                   | Date First New Oil Run To Tanks                             | Producing Method (Flow, pump, gas )                                        | lift, etc.)                                                                                                                                                                                                                                                         |                                                 |  |  |  |  |  |  |  |
|                                                                   | 5/9/78                                                      | 6/1/78                                                                     | Pump                                                                                                                                                                                                                                                                |                                                 |  |  |  |  |  |  |  |
|                                                                   | Length of Test                                              | Tubing Pressure                                                            | Casing Pressure                                                                                                                                                                                                                                                     | Choke Size                                      |  |  |  |  |  |  |  |
|                                                                   | 24                                                          |                                                                            | Water-Bbls.                                                                                                                                                                                                                                                         | Gas+MCF                                         |  |  |  |  |  |  |  |
|                                                                   | Actual Prod. During Test                                    | Oil-Bbls.                                                                  |                                                                                                                                                                                                                                                                     | 12                                              |  |  |  |  |  |  |  |
|                                                                   | 35                                                          | 35                                                                         | 386                                                                                                                                                                                                                                                                 | 14                                              |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | GAS WELL<br>Actual Prod. Test-MCF/D                         | Length of Test                                                             | Bbls. Condensate/MMCF                                                                                                                                                                                                                                               | Gravity of Condensate                           |  |  |  |  |  |  |  |
|                                                                   | Actual Prod. 1881-MCF/D                                     |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Testing Method (pitot, back pr.)                            | Tubing Pressure (Shut-in)                                                  | Casing Pressure (Shut-in)                                                                                                                                                                                                                                           | Choke Size                                      |  |  |  |  |  |  |  |
|                                                                   | Testing Meriod (prot, odca pri)                             |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            | OIL CONSERVATION COMMISSION                                                                                                                                                                                                                                         |                                                 |  |  |  |  |  |  |  |
| VI.                                                               | CERTIFICATE OF COMPLIAN                                     | CE                                                                         |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            | APPROVED 19, 19                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Commission have been complied v                             | regulations of the Oil Conservation<br>with and that the information given |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | above is true and complete to the                           | best of my knowledge and belief.                                           | BY AM XIIIm                                                                                                                                                                                                                                                         |                                                 |  |  |  |  |  |  |  |
|                                                                   |                                                             |                                                                            | TITLE SUBSTRICT                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | 1                                                           |                                                                            |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Bob K. Newland                                              |                                                                            | This form is to be filed in                                                                                                                                                                                                                                         | compliance with RULE 1104.                      |  |  |  |  |  |  |  |
|                                                                   | - TOUX. NewTand                                             | BOB K. NEWLAND                                                             | If this is a request for sllowable for a newly drilled or deepend<br>well, this form must be accompanied by a tabulation of the devisi-<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allo |                                                 |  |  |  |  |  |  |  |
|                                                                   | (514)                                                       | ature)<br>Supanyisan                                                       |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | Regulatory<br>(Ti                                           | Supervisor                                                                 |                                                                                                                                                                                                                                                                     |                                                 |  |  |  |  |  |  |  |
|                                                                   | 6/14                                                        |                                                                            | able on new and recompleted w                                                                                                                                                                                                                                       | IT TIT and VI for changes of owned              |  |  |  |  |  |  |  |
|                                                                   |                                                             | 1/8<br>ute)                                                                | Fill out only Sections 1,<br>well name or number, or transpo                                                                                                                                                                                                        | II. III. and VI for change of condition         |  |  |  |  |  |  |  |
|                                                                   | 100                                                         | /                                                                          | Well name or number, or transporter, or other such change of condition                                                                                                                                                                                              |                                                 |  |  |  |  |  |  |  |

|      | Fill | out  | oniv | Sections    | Ī.   | II.  | III.  | and   | VI | for  | change   | a of  | 0411   |
|------|------|------|------|-------------|------|------|-------|-------|----|------|----------|-------|--------|
| well | nam  | e or | numb | er, or tran | s pi | orte | T, OT | other |    | ch d | change d | of co | máitic |