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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-  
Effective 1-1-65

Operator BTA OIL PRODUCERS	
Address 104 South Pecos Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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 type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name Lea, 7406 JV-S	Well No. 8	Pool Name, including Formation Commanche Stateline (Yates)	Kind of Lease State, Federal or Fee	Lease No. L-6315
Location				
Unit Letter -C- ; 901 Feet From The North Line and 1650 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	Box 1492 El Paso, Texas 79978
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	Yes May, 1978

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 <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Resrv. <input type="checkbox"/>		
Date Spudded 5/10/78	Date Compl. Ready to Prod. 5/27/78	Total Depth 3270'	P.B.T.D. 3255'
Elevations (DF, K&B, RT, GR, etc., 2909' GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3196'	Tubing Depth 3075'
Perforations 3196' - 3249'			Depth Casing Shoe 1400'
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"	3264'	250
	2-7/8"	3075'	- -

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 5-27-78	Date of Test 6-8-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 560#	Casing Pressure - -	Choke Size 11/64"
Actual Prod. During Test 86	Oil-Bbls. 86	Water-Bbls. 2	Gas-MCF 197

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

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.

Bob K. Newland BOB K. NEWLAND  
(Signature)  
Regulatory Supervisor  
(Title)  
6/14/78

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

BY Jerry S. [Signature]  
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

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

All sections of this form must be filled out completely for all wells 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 conditions.