NO. OF COPIES PECEINED						\$			
DISTRIBUTION		FLW ME	XICO OIL CO	DNSERVAT	ION COMMIS	ssio.	Form C-105		
SANTA FE			REQUEST I	FOR ALLOWASLE				Supersedes Old C-104 and C-1. Ellective 1-1-65	
FILE				DNA				3	
U.S.G.S.	TUA	HORIZATIO	ON TO TRA	NSPORT (N Cha JIC	ATURAL (SAS		
LAND OFFICE									
TRANSPORTER GAS									
OPERATOR									
PRORATION OFFICE									
BTA OIL PRODUCERS									
104 South Pecos	Midlan	d, Texas	79701						
Reason(s) for filing (Check proper box)				0	ther (Flease	explain)			
New Well	-	in Transport	n .			,			
Recompletion	O11		Dry Gas						
Change in Ownership	Casing	head Gas	Conden	3 ate []					
If change of ownership give name and address of previous owner	····		e, including Fo		, , , , , ,	5838			
DESCRIPTION OF WELL AND I	EASE			0.00	meter ~	Kind of Leas		I ages No	
Lease Name	Well N	io. Pool Nam	e, including Fo	ormation / V	,	State, Federa		L-6315	
Lea, 7406 JV-S				•			Nonth	1 2-0313	
Unit LetterD ;9	90_Feet	From The			700	_ Feet From			
Line of Section 28 Tow	mship 26	<u>-S</u>	Range	36-E	, имем,		Lea	County	
DESIGNATION OF TRANSPORT	ED 0E 0	II AND NA	TURAT GA	S					
Name of Authorized Transporter of Cil	X °	r Condensate		Andress (C	ive address i	o which appro	ved copy of this form is t	o be sent)	
BASIN, INC.					OL . M.				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				:51L W.	Uniofi	idland.]	<u>exas 79701</u>		
Name of Authorized Transporter of Cas	indusad Ons	or Dry	y Gas	Address (G	ive address s	o which appro	wed copy of this form is t	o be sens)	
EL PASO NATURAL GAS CO	MPANY_			Box 149	ive address s 32 ET	Paso, 1	exas 79978	o be sens)	
EL PASO NATURAL GAS CO	MPANY_	Sec. Twp		Box 149	ive address s	Paso, 1	wed copy of this form is t		
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.	MPANY Unit	sec. Twp	-S 36-E	Address (G Box 149 Is gas actu	ive address i 32 El ally connecte Yes	o which appro	exas 79978		
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GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (5hut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

I. 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.

Regulatory Supervisor

(Title)

9/28/78

SUPRISOR DISTRICT

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

If this is a request for sllowable for a newly drilled or deepe well, this form must be scrompanied by a tabulation of the devise tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells.

OIL CONSERVATION COMMISSION

Fill out only Septions L. H. H., and VI for changes of conditions