

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
BECKHAM OIL COMPANY

Address
P. O. Box 1203, Jal, New Mexico 88252

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
EFFECTIVE 6/1/88

If change of ownership give name and address of previous owner **BTA OIL PRODUCERS 104 South Pecos, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|------------------------------|
| Lease Name Lea 21, 7406 JV-S | Well No. 1 | Pool Name, including Formation Comanche Stateline (Tansill Yates) SK-Qu | Kind of Lease State, Federal or Fee Federal | Lease No. NM 13430 |
| Location Unit Letter -B- : 660 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 26-S Range 36-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

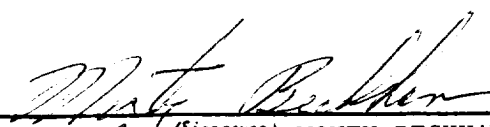
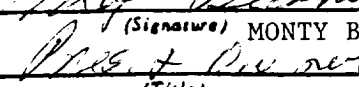
| | |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TESORO CRUDE OIL COMPANY EOTT Energy Corp. | Address (Give address to which approved copy of this form is to be sent) Houston, TX 77251-1188 Effective 7-1-88 |
| Name of Authorized Transporter of Casinghead <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY Effective 1-1-93 | Address (Give address to which approved copy of this form is to be sent) P. O. Box 17536, San Antonio, Texas 78286 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 |
| | J 21 26 36 Yes |

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

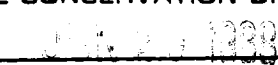
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature) **MONTY BECKHAM**

(Title)
6/3/88
(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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.
Separate Forms C-104 must be filed for each pool in multip. completed wells.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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 |