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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
	A TION DIVISION Format 06-01-83
DISTRIBUTION OIL CONSERVATION DIVISION Page 1 P. O. BOX 2088	
SANTA FE, NEW MEXICO 87501	
LAND OFFICE	
TRANSPORTER OIL REQUEST FO	R ALLOWABLE
OPERATOR AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
T. Operator	
BECKHAM OIL COMPANY	
Address	
P. O. Box 1203, Jal, New Mexico 88252 Resson(s) for filing (Check proper box) Other (Please explain)	
Kesson(s) for tiling (CACCE proper son) New Well Change in Transporter of:	
	FY Gas EFFECTIVE 6/1/88
X Change in Ownership Casinghead Gas C	Condensate
if change of ownership give name BTA OIL PRODUCERS 104 South Pecos, Midland, Texas 79701	
II. DESCRIPTION OF WELL AND LEASE	
Well No. Pool Name, Including F	
Lea 21, 7406 JV-S Comanche State	
Location	
Unit Letter; 1980 Feet From The North Line and 1980 Feet From The East	
Line of Section 21 EOTT Energy Operating + P Range 36-E . NMPM, Lea County	
Effective 4-1-94 Enron Oil Trading & Transportation Co.	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of Cil X or Condensate TESORO CRUDE OIL COMPANY EOTT Energy Corp.	Houston, TX. 77251-1188 Effective 7-1-88
Name of Authorized Transporter of Casinghead Effectiver 9193	<u>P.O. Box 17536.</u> San Antonio. Texas 78286 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 liquide, Unit Sec. Twp. Rge.	Is gas actually connected? When
give location of tanks. J 1. 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.	
	DIL CONSERVATION BWISION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION
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	APPROVED, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	I AV UKIGINAL SIGNLU UT UNINN UT
	DISTRICT I SUPERVISOR
$1 \sim 1$	TITLE
mit the blan	This form is to be filed in compliance with RULE 1104.
Signature MONTY BECKHAM	If this is a request for sllowable for a newly drilled or deepen- well, this form must be accompanied by a tabulation of the deviation to take takes on the well is accordance with suit f its

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well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

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tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owne-well name or number, or transporter, or other such change of conditio-Separate Forms C-104 must be filled for each pool in multip. completed wells.