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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
- AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

BTA Oil Producers

104 South Pecos Midland, Texas 79701

Season(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐

Other (Please explain)

~~CASINGHEAD GAS MUST NOT BE
FLARED AFTER
UNLESS IT IS PROVEN TO BE
Kerosene~~

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lea 21, 7406 JV-S	3	Comanche Stateline - Yates	State, Federal or Fee Federal	NM13430
Location				
Unit Letter "J"; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 21 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.	P. O. Box 2297, Midland, TX 79702
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 Nat'l Gas Company	Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 21 26-S 36-E	Yes 10/31/80

If this production is commingled with that from any other lease or pool, give commingling order number: No

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/12/80	11/1/80	3574'	3511'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2923' GL	Tansill-Yates	3231'	3446'					
Perforations	3231-3431					Depth Casing Shoe		

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"	3574'	250

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/3/80	11/10/80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
89	89	6	143

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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
(Signature)

BOB K. NEWLAND

Regulatory Supervisor

November 20, 1980

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]
TITLE SUPERVISOR DISTRICT 8

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 deviation 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.