NO. OF COPIES RECE	IVED		
DISTRIBUTION		_	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			<u> </u>

-	DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	U S	
-	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR				
I.	PRORATION OFFICE Operator				
Ì	BTA OIL PRODUCERS				
	Address				
	Reason(s) for filing (Check proper box)	idland, Texas 79701	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil X Dry Gas			
1	Change in Ownership	Casinghead Gas Condens	are		
	If change of ownership give name	_			
	and address of previous owner				
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
	Lea '26', 7406 JV-S	1 Comanche Statel	ine (Yates) State, Federal	or Fee State LG 0191	
	Location		File !		
	Unit Letter 1D1 ; 76	O Feet From The North Line	and 660 Feet From T	he West	
	Line of Section 26 Tow	nship 26 Range	36 , NMPM,	Lea County	
-	Line of Section 20 Tow	20			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		8700 Tesoro Drive, San		
	TESORO CRUDE OIL COMPA	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
	= =		un-		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n.	
	give location of tanks.	D 26 26 36	incomplete state number:		
137	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g			
1 .	Designate Type of Completio	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compi. Neddy to 7 feet			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND		1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. Burney 1921				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of 1991			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
				TION COMMISSION	
VI	. CERTIFICATE OF COMPLIAN	CE	1	ATION COMMISSION	
-			APPROVED JUN 3 0 1982 . 19		
	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. Signature Production Clerk (Title) 6/28/82		DOMENTAL SIGNED BY		
			I BI JEKKA SIXION		
			TITLE SUPER		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene 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 allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner transporter or other such change of conditions.		
0,20,02		well name or number, or transporter, or other such change of condition			