[NO. OF COPIES RECEIVED				
ł	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.		SPORT OIL AND NATURAL GA	¢	
		AUTHORIZATION TO TRAN	STORT OF AND NATURAL OA	5	
	LAND OFFICE				
	TRANSPORTER OIL				
	GAS		ν.		
	OPERATOR				
1	PRORATION OFFICE				
8.	Operator				
	BTA OIL PRODUCERS				
	Address				
	104 South Pecos Midland, Texas 79701				
	Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of:	FUNCED AFTER	1/1/8/	
	Recompletion	Oil Dry Gas	AN EXCL	TO R-4070	
	Change in Ownership	Casinghead Gas Condens			
	If change of ownership give name				
	and address of previous owner				
		Parth	(10-1-82)		
Π.	DESCRIPTION OF WELL AND L	EASE	Kind of Lease	Lease No.	
	Lease Name	Well No. Pool Name, including For		-	
	Lea '26', 7406 JV-S	1 Comanche State	(Tansill Yates) State, Federal	^{== Fee} State <u>_[G 019]</u>	
	Location				
	-	O Feet From The North Line	and 660 Feet From Th	west	
	Unit Letter 'D' ;761	UFeet From the <u>NOT CR</u> Eme			
			36-Е , ммрм,	Lea County	
	Line of Section 26 Town	nship 26-S Range	00-E, INNEM,		
ш	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	id come of this form is to be sent	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve		
	BASIN, INC.		P. O. Box 2297, Midland	1, Texas 79702	
	Name of Authorized Transporter of Cas:	inghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)	
	TSTM				
	15114	Unit Sec. Twp. F.ge.	Is gas actually connected? When	1	
	If well produces oil or liquids,				
	give location of tanks. D 20 20-3 30-2				
	If this production is commingled with that from any other lease or pool, give commingling order number: NO				
: ••••	If this production is comminged with COMPLETION DATA				
11.			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
1	Designate Type of Completio	$n = (X)$ χ	Х		
	-	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded		3660'	3332'	
	10/24/80	12/1/80	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			
	2905' GR	Tansill Yates	3155'	3300 ' Depth Casing Shoe	
	Perforations				
	3155' - 3298'		· · · · · · · · · · · · · · · · · · ·	3660'	
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8-5/8"	1406'	1000	
	124			250	
	7-7/8"	5 3	3660'	250	
			<u> </u>	<u> </u>	
		TOT DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load cil and must be equal to or exceed top allow			
V	able for this depth or be for full 24 hours)				
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Date First New Cil Run To Tanks	-	Pumping		
	4/23/82	4/23/82	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	24 hrs			Gas-MCF	
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.		
	16	6	10	TSTM	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D				
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
			<u></u>	<u></u>	
	CERTIFICATE OF COMPLIANCE			TION COMMISSION	
V	LUERIFICATE OF COMPERAT		APPROVED, 19		
		Lations of the Oil Commission			
	I hereby certify that the rules and	regulations of the Oil Conservation			
	Commission have been complied	with and that the information given e best of my knowledge and belief.	BYRAY SUCON		
	above is true and complete to the	• •			
			TITLE SUP2		
	\mathcal{D}		This form is to be filed in compliance with RULE 1104.		
	Art K. Newland BOB K. NEWLAND		is a set of a story and for a newly drilled or deepend		
	Art K. Newland BOB K. NEWLAND		He was still from much be accompt	INIAC DV E LEDUIELIDI DI LILE GEVIELI	
	(Signature)		tests taken on the well in acco	TORDER WITH HOLE ITT.	
	Regulatory A	Regulatory Administrator		All sections of this form must be filled out completely for allow	
	(Title)		able on new and recompleted wells.		
		0/82	mus call Castlers I V	rt til and VI for changes of owne	
		(ale)	Fill out only Sections 1, 11, 11, 11, 11, 11, 11, 11, 11, 11,		

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(Date)

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