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| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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-110
Effective 1-1-85

| | |
|---|---|
| Operator BTA OIL PRODUCERS | |
| Address 104 South Pecos Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | | | |
|--|-----------------|--|--|-----------------------|
| Lease Name Lea 21, 7406 JV-S | Well No. 4-Y | Pool Name, including Formation Comanche Stateline Yates | Kind of Lease State, Federal or Fee Federal | Lease No. NM-13430 |
| Location Unit Letter "0" ; 990 Feet From The South Line and 1650 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"/> BASIN, INC. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY | Address (Give address to which approved copy of this form is to be sent) P. O. 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-S 36-E Yes 2/23/81 |

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

| | |
|--|---|
| COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. |
| | X X X |
| Date Spudded 1/26/81 | Date Compl. Ready to Prod. 2/11/81 |
| Elevations (DF, RKB, RT, GR, etc.) 2913' GR | Name of Producing Formation Tansill - Yates |
| Perforations 3239' - 3434' | Total Depth 3550' |
| | Top Oil/Gas Pay 3239' |
| | Tubing Depth 3550' |
| | Depth Casing Shoe 3550' |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| 12-1/4" | 8-5/8" |
| 7-7/8" | 5-1/2" |
| | DEPTH SET |
| | 1405' |
| | 3550' |
| | SACKS CEMENT |
| | 1300 sx Circ. |
| | 250 sx |

V. 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 2/20/81 | Date of Test 2/23/81 | Producing Method (Flow, pump, gas lift, etc.) Pump |
| Length of Test 24 hrs | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test 115 bbls. | Oil-Bbls. 115 | Water-Bbls. 33 |
| | | Gas-MCF 103 |

| | |
|----------------------------------|---------------------------|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test |
| | |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) |
| | |
| | Casing Pressure (shut-in) |
| | Choke Size |

| | |
|--|----------------|
| VI. 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. | |
| APPROVED _____, 1981 | |
| BY _____ | |
| TITLE SUPERVISOR DISTRICT I | |
| 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. | |
| Separate Forms C-104 must be filed for each pool in multiply | |
| Bob K. Newland (Signature) | BOB K. NEWLAND |
| Regulatory Administrator (Title) | |
| 2/24/81 (Date) | |