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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION RECEIVED

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

JUL 1 9 1993

DISTRICT III	
1000 Rio Brazos Rd., Aziec, NM	87410

OOO KIG BIZZOK KOL, AZDEC, INM 6/410	REQ	UEST FO	OR A	LLOWAE	BLE AND	AUTHORI	ZATION	Care I			
Operator		TO THE	MADE	OH I OIL	AND NA	I CHAL G	73	Pl No.	<del></del>		
BTA Oil Producer	s /						30	-015-2632	.6		
Address											
104 S. Pecos, Mi Reason(s) for Filing (Check proper box)	dland,	, TX	<u> 7970</u>	1	X Oth	et (Please expl	lain)	<del></del>	<del></del>		
New Well		Change in	Trans	octer of:		-	pool na	me from			
Recompletion	Oil		Dry C				ast (Del				
Change in Operator	Casinghe	_	Conde			_	R-9501-				
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL.	AND LE		.,					<del> </del>	<del></del> -		
Pardue -B- 8808 JV-P 2 Loving F:			•	1 0	XANN.	Lease No.					
Location	·	<del></del>	l ro	Ving, E	ast (Bru	isny can	VODJI		<del></del>		
Unit Letter L	:1	980	_ Feat F	rom The	South Lin	e and7	65 Fe	et From The _	West	Line	
Section 11 Township	, 2	238	Range	28E	, NI	мрм,	Eddy		<del> </del>	County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	XXX	or Conde			Address (Giv			copy of this for		น)	
Pride Pipeline C	0	- Caraca			P.O.Box 2436, Abilene, TX 79604  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	thead Gas	XX	or Dr	y Gas	1				_	u)	
Llano, Inc If well produces oil or liquids,	Unit	Sec.	Twp.	Rge		y connected?	Hobbs.		V		
give location of tanks.	L	1 11	23	: -							
f this production is commingled with that:  IV. COMPLETION DATA	from any o	ther lease or	pool, g	ive comming	ling order num	ber:			-		
Designate Type of Completion	- 00	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		npi. Ready t	o Prod		Total Depth	1		P.B.T.D.		1	
<b></b>	Dan Comp. Ready in 110s.				ļ						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations	<del></del>			· <del></del> -	J			Depth Casing	Shoe		
		TUBING	CAS	ING AND	CEMENTI	NG RECO	RD	<u> </u>			
HOLE SIZE	<del></del>	ASING & T			DEPTH SET			SACKS CEMENT			
							<u> </u>				
	ļ	····									
V. TEST DATA AND REQUES	T FOR	ALLOW	ARLI	<u>e</u>	J		<del></del>				
OIL WELL (Test must be after t					s be equal to or	r exceed top a	ilowable for th	is depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of 7				Producing M	lethod (Flow, p	p <b>ump, gas</b> lift.	eic.)		· <del></del>	
					10.5			Choke Size			
Length of Test	Tubing P	ressure.			Casing Press	aure		Chor Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>				<u> </u>	<del></del>		<u> </u>			
Actual Prod. Test - MCF/D	Length o	Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE C	F COM	PLIA	NCE		011 00	NOCOV	ATIONIC			
I hereby certify that the rules and regu	ations of th	he Oil Cons	rvation			OIL CO	NOFHA	ATION [	אפועונ	NIV	
Division have been complied with and is true and complete to the best of my	that the intimovedge	formation gi and belief.	ven abo	ove	Date	· e Approv	ed	JUL 20	1993		
Verette &	lou	alt	ou	_ 	By_			والمعارض المساورين			
Signature		/ ·		atrat - :			GINAL SK				
Dorothy Houghton, R Printed Name	egulat	OLA WU	mini Tide	strator	Title		E WILLIAN PERVISOR	√ଞ ଧDISTRIC	T II		
					11 11116	فللحـــــــــــــــــــــــــــــــــــ		<del></del>			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

7-16**-**93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

915-682-3753