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TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
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-105
Effective 1-1-65

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 _____

DESCRIPTION OF WELL AND LEASE *Red Hills Devonian Gas R-6183*

Lease Name Rojo, 7811 JV-P	Well No. 1	Pool Name, Including Formation Undesignated <i>Sheldcoat</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15091
Location				
Unit Letter "D"	660 Feet From The North Line and 660 Feet From The West			
Line of Section 27	Township 25-S	Range 33-E	Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
D 27 25 33	No 11-28-79

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 2/9/79	Date Compl. Ready to Prod. 7/3/79	Total Depth 17,525'		P.B.T.D. 17,522'				
Elevations (DF, R&B, RT, GR, etc.) 3339' GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 17,420'		Tubing Depth 17,408'				
Perforations 17,420' - 17,515' 1" - 23 holes				Depth Casing Shoe 17,524'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	909'	1650 SX
17-1/2"	13-3/8"	4936'	3400 SX
12-1/4"	9-5/8"	12992'	2300 SX
	liner 7-3/4"	16960'	450 SX
	liner 5"	17524'	150 SX

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2667	Length of Test 24	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate N/A
Testing Method (pitot, back pr.) flowing	Tubing Pressure (shut-in) 5685#	Casing Pressure (shut-in) Pkr.	Choke Size 1"

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.

R. D. Boyce
R. D. BOYCE
(Signature)
Administrative Superintendent
(Title)
11/26/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 10 1979**, 19____

BY *John W. Runyan*
Geologist

TITLE _____

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 deviated 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 conditions.