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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OOO Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALI	LOWAB	LE AND A	UTHOR	IZATION				
	TOTRA	ANSPO	RT OIL	AND NAT	URAL G	AS	DI NI.			
perator					Well API No. 30-025-22					
BTA Oil Producers			<u> </u>			1	-			
104 S. Pecos, Mid	land, TX 7	9701			- /DI	dain)				
leason(s) for Filing (Check proper box)			_	U Othe	t (Please exp	nuvi)				
Vew Well		n Transpor								
Recompletion	Oil X	Dry Gas		Effe	ective	12-1-90				
Change in Operator	Casinghead Gas	Condens	rate							
change of operator give name							 	· 		
L DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No. Pool Name, Including				inn		of Lease	Lease No. OG 5337		
LCH 689 Ltd	1	No	rth Bag	gley, Pe	nn	State, 1		06 3		
Location	. 1980		_ T N	North Line	and 1	980 Fe	et From The	West	Line	
Unit Letter F	: 1980	_ Feet Fro	m The	LIN	: ADU		ariourine			
Section 31 Township	11-S	Range	33 - E	, NI	ирм,	Lea			County	
II. DESIGNATION OF TRAN	SPORTER OF C	OIL ANI	D NATUI	RAL GAS		<u>-</u>				
Name of Authorized Transporter of Oil	. DESIGNATION OF TRANSPORTER OF OIL AND NATUI				Address (Give address to which approved copy of this form is to be sent)					
	Phillips Petroleum Co., Trucks				4001 Tembrook, Oddada, and					
ne of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O.Box 1589, Tulsa, OK 74102						
Warren Petroleum	Co.	_,								
If well produces oil or liquids,	Unit Sec.	Twp.	•	is gas actuali		When	ť			
ive location of tanks.	F 31	115	33E	Yes						
f this production is commingled with that: V. COMPLETION DATA	from any other lease o	n poor, grv	- community				·	· · · · ·		
	Oil We	:11 C	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready	to Prod.		Total Depth	J		P.B.T.D.		ــــــــــــــــــــــــــــــــــــــ	
nan sharing	pace comp. reary write.									
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing	Shoe		
1 41 4 20 40										
TUBING, CASING AND				CEMENTI				21212 251151		
HOLE SIZE	CASING &	CASING & TUBING SIZE			DEPTH SE	<u> </u>	SACKS CEMENT			
							-		_	
	 			 	·					
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE				allowakia dan ak	io donth as ha fa	e full 24 kom	rs.)	
	recovery of total volum	ne of load	oil and musi	Producing M	ethod (Flow	pump, gas lift,	elc.)	n jau at note		
Date First New Oil Run To Tank	Date of Test			1 TOOLOUR IV		·	•			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
				Water - Bbis.			Gas- MCE	Gas- MCF		
ctual Prod. During Test Oil - Bbls.							Gas- MCF			
GAS WELL	_1			1	·					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate			
	M. 1. A			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)		Casing Pres	MIE (2011-10)	•	CHOKE SIZE			
VI. OPERATOR CERTIFIC	CATE OF CON	/PLIAN	NCE		01.00	NOCO	ATION		NI	
I hereby certify that the rules and regu	lations of the Oil Con	servation			OIL CC	NSERV	AHONE	אפועור	אוכ	
Division have been complied with and is true and complete to the best of my	that the information	given abov	re	Dot	o Annio	ved	NOV	į ir i		
() AH ON MI					Date Approved					
Deralhy &	Sough	low	2	∥ By_						
Signature Dorothy Moughto	n, Regulator	y Adm	inistra	ator					•	
Printed Name	915/682	Tide		Title	·					
11_27_00	915/682	(一)/)バ		31						

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

- 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.