NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

II.

III.

IV.

12/2/74

(Date)

DISTRIBUTION SANTA FE		CONSERVATION COMMISSION		Form C+104	
FILE	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-11 Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR		ATHRAL CAS		
LAND OFFICE		ALLO OLL OLL AND IN	TORAL GAS		
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE Operator					
BTA Oil Producers					
104 S. Pecos Reason(s) for filing (Check proper bo	Midland, Texas	79701		•	
New Well	Change in Transporter of:	Other (Please e	xplain)		
Recompletion	Oil X Dry G	as [
Change in Ownership		ensate 🔲		,	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	1 FACE				
Lease Name	Well No. Pool Name, Including F	Formation K	ind of Lease	Lease No.	
Brewer 689-C Ltd.	2 North Bagle	ey (Penn) s	ate, Federal or Fee	Fee	
Location	900 Feet From The North Li	ne and <u>560</u>	Feet From TheE	ast	
,	wnship 12-5 Range	33-E , NMPM,	Lea	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				
Amoco Pipeline Cor	npany	Address (Give address to a 2300 Continenta Ft. Worth, Tex	l National Ba as 76102	ank Bldg.	
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	Address (Give address to a	which approved copy o	f this form is to be sent)	
Warren Petroleum	Unit Sec. Twp. P.ge.	Box 1589 To		ma 74101	
If well produces oil or liquids, give location of tanks.	A 6 12S 33E	Yes Yes			
f this production is commingled wi	th that from any other lease or pool,	give commingling order no	umber:		
Designate Type of Completion	on - (X) Cil Well Gas Well	New Well Workover	Deepen Plug Ba	ck Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	· ·	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing !	Depth	
Perforations			Depth C	asing Shoe	
	TIIRING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	·	SACKS CEMENT	
				SACKS CEMENT	
TEST DATA AND REQUEST F		fter recovery of total volume	of load oil and must b	e equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, p	imp, gas lift, etc.)		
			., .		
Length of Test	Tubing Pressure	Casing Pressure Choke Si		lze	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MC	F	
CAC WETT		I			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	
Testing Method (pitat, back pr.)	Tolde Daniel Control				
	Tubing Pressure (shut-in)	Casing Pressure (Shut-in) Choke Si	20	
ERTIFICATE OF COMPLIANO	ÇE ,	OIL CO	USERVATION S	OMMISSION	
hereby certify that the tules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED	Orig	Signed 1 _W 19	
		Joe D. Res Dist. I, Supv.			
CHANGE OF FREE PARTY.	800° 100	TITLE	م <i>ار</i> ت	•	
11/10					
L. LV.	Day Do		filed in compliance	with RULE 1104. newly drilled or deepened	
(Signa	(we)	well, this form must be	accompanied by a	tabulation of the deviation	
	R. D. Boyce	tests taken on the well		h MULE 111. d out completely for allow-	
(Titl	(e)	able on new and tecom			

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.