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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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 1-1-65

**I. Operator**  
BTA Oil Producers

**Address**  
104 South Pecos Midland, Texas 79701

**Reason(s) for filing (Check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Lynch, 8212 JV-P	<b>Well No.</b> 1	<b>Pool Name, including Formation</b> Lea (Pennsylvanian)	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> NM-20979
<b>Location</b>				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>24</u>	Township <u>20-S</u>	Range <u>34-E</u>	, NMPM, Lea County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Tesoro Crude Oil Company	P. O. Box 17536, San Antonio, TX 78286
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	584 Frank Phillips Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 24 20-S 34-E No Approx. 1-1-85

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 5-31-84	Date Compl. Ready to Prod. 8-18-84	Total Depth 13,500'	P.B.T.D. 13,414'					
Elevations (DF, RKB, RT, GR, etc.) 3674' GR 3694' KB	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 13,070'	Tubing Depth 12,949'					
Perforations 13,070' - 13,084'	Depth Casing Shoe 13,500'							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26 "	20"	700'	1225 sx Circ
17-1/2"	13-3/8"	3,580'	3200 sx Circ.
12-1/4"	9-5/8"	5,500'	1200 sx TOC @ 1900'
8-3/4"	5-1/2"	13,500'	2600 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	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 6815	Length of Test 3 hrs.	Bbls. Condensate/MMCF 96.8	Gravity of Condensate 510
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 4489 psi	Casing Pressure (shut-in) Pkr.	Choke Size 20/64"

**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.

  
DOROTHY HOUGHTON  
(Signature)  
Regulatory Supervisor  
(Title)  
10/30/84  
(Date)

OIL CONSERVATION COMMISSION  
**APR 12 1985**  
APPROVED \_\_\_\_\_  
BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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 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 multiple