HO. OF COPIES REC	EIVED				
DISTRIBUTE	ON				
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OF	FICE				
BTA Oil Producers					
Address	h Dagas				

	DISTRIBUTION				Form C-104	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65	
	SANTA FE	_ REQUEST					
	FILE	AIAD				•	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	IATURAL G	AS		
	LAND OFFICE	4	•				
	TRANSPORTER OIL	4					
	GAS	4					
	OPERATOR	4					
1.	PRORATION OFFICE	<u> </u>					
	BTA Oil Producers						
	Address	· · · · · · · · · · · · · · · · · · ·		···			
	104 South Pecos	Midland, Texas 7970)1				
	Reason(s) for filing (Check proper box		Other (Please	explain)			
	New Well X	Change in Transporter of:	J				
	Recompletion	Oil Dry Go	. 🗂				
	Change in Ownership	Casinghead Gas Conde	 				
	C. and III Owners III				· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name						
	and address of previous owner						
	DECEMBER OF WELL AND	* 5.455					
Ц.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
	Lynch, 8212 JV-P	2 Lea (Pennsylva		State, Federal	or Fee Fordown 1	-	
	Location	Z Eca (1 emisy 1 va	initani)		or F•• Federal	NM-20979	
		20					
	Unit Letter R : 198	SOFeet From TheSouthLir	ne and <u>1980</u>	_ Feet From T	he West		
	24	20.5	24 5 50.004	•			
_	Line of Section 24 Tov	wnship 20-S Range	34-E , NMPM,		}	County	
		TOD OF OUR AND MADE BAT CA					
ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to	which approv	ed copy of this form is to	o he centi	
		_			•	•	
	Tesoro Crude 011 Co	singhead Gas or Dry Gas Xi	P. O. Box 17536 Address (Give address to	San Ani	onio IX 7828	6	
			}			•	
	Phillips Petroleum		584 Frank Phill	ips Bldg. d? Whe	<u>. Bartlesville</u>	.OK 74004	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		ar I wue			
	give location of tanks.	L 24 20 34	No	<u>_</u>	Unknown		
		th that from any other lease or pool,	give commingling order	number: COM.	w/Well #1, No	. Unknown	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	T Decree	Plug Back Same Res	4n D144 B - 44	
	Designate Type of Completic	on (X) '	I HAM MAIL MOITOVAL	Deebeu	Flug Bdck Same Res	.v. Dill. Res.v.	
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded 12/21/84		· ·		i		
	Elevations (DF, RKB, RT, GR, etc.)	4/25/85 Name of Producing Formation	13,522 t Top Oil/Gas Pay		13.048 Tubing Depth		
	3673' GR 3693' RKB	· ·	i		· ·		
		Pennsylvanian	12,984'		12.854 Depth Casing Shoe	 -	
	Perforations 12 09/1 _ 13 0/17 / 27	holos)			ì		
	12,984 - 13,047 (37, holes) 13,522' TUBING, CASING, AND CEMENTING RECORD						
					<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Τ	SACKS CEM		
	26"	20"	700'		1250 Circ		
	17-1/2"	13-3/8"	3,600'		2600 Circ		
	12-1/4"	9-5/8"	5,500'		1800 Circ.		
	8-3/4"	5-1/2"	113,522'		2600 TOC @ 44:		
V.		OR ALLOWABLE (Test must be a	ifter recovery of total volum	re of load oil a	nd must be equal to or s	sceed top allor	
	OIL WELL		epth or be for full 24 hours, Producing Method (Flow,				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow)	pump, gas uji	. esc./		
			Control Programs		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure		Chore stre		
					Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gas-MCF		
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	GAS WELL		T				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	•	Gravity of Condensate		
	187	24 hrs.	16		51 ⁰		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-	in)	Choke Size		
	Orifice Meter	270 psi	Pkr.		3/4"		
VI	CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVA	TION COMMISSION	١	
7				ELINI T	1 1000		
	Thereby continue that the cules and	regulations of the Oil Conservation	APPROVED	T NUL	<u>1 1985</u>	19	
I hereby certify that the rules 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.		BYORIGINAL SIGNED BY JERRY SEXTON				
	4:		TITLE DISTRICT I SUPERVISOR				
			7.,				
	(4). AHON. IT.				ompliance with RULE		
	A CLOTHA WHALLOW DOROTHY HOUGHTON		If this is a requ	If this is a request for allowable for a newly drilled or deepens			
/	(Signature)		well, this form must be accompanied by a tabulation of the deviation				
	Regulatory Supervisor		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo				
	(Title)		All sections of able on new and rec	ompleted we	ije. Pr de itited ont combje		
	5/9		Fill out only S	ections I: II	. III. and VI for char	nges of owns	
		well name or number	, or transport	en or other such chang	e of conditic		

(Date)

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owns
well name or number, or transporten or other such change of conditic

Separate Forms C-104 must be filed for each pool in multip