

**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-111
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
 Operator: BTA Oil Producers
 Address: 104 South Pecos, Midland, Texas 79701
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): _____
 If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Sam 23411 Well No.: 1 Pool Name, Including Formation: Vada-Penn
 Kind of Lease: Federal Lease No.: NM-05831
 Location: Unit Letter M : 660 Feet From The South Line and 810 Feet From The West
 Line of Section 9 Township 9-S Range 35-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Mobil Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas, Texas 75221
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma 74100
 If well produces oil or liquids, give location of tanks: Unit M Sec. 9 Twp. 9-S Rge. 35-E Is gas actually connected? Yes When _____

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back 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 Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
L. D. Boyer
 (Signature)
 Production Clerk
 (Title)
 8-10-70
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED AUG 12 1970, 19____
 BY Fred A. Clements
 TITLE Oil & Gas Inspector
 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 multiply

RECEIVED

AUG 11 1970

OIL CONSERVATION COM. 13-00001
HOBS. N. H.