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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**

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

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE** Mesa Red Hill Wolfcamp Gas R-7048 9-1-82

Lease Name <u>Mesa, 8105 JV-P</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 14492</u>
Location Unit Letter <u>"I"</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>26-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> 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"/> <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>LLANO, INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks. <u>"I"</u>	Unit <u>1</u> Sec. <u>26-S</u> Twp. <u>32-E</u> Rge. <u>32-E</u>
is gas actually connected? <u>Yes</u>	When <u>5/26/82</u>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10/20/81</u>	Date Compl. Ready to Prod. <u>5/5/82</u>	Total Depth <u>16,100'</u>	P.B.T.D. <u>13,980'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3334' GR</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>13,367'</u>	Tubing Depth <u>12,740'</u>					
Perforations <u>13,367' - 13,778'</u>	Depth Casing Shoe <u>16,100'</u>							
<u>30" Cond. TUBING, CASING, AND CEMENTING RECORD 150'</u>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>20"</u>	<u>16"</u>	<u>918'</u>	<u>975 sx</u>					
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>4794'</u>	<u>3700 sx</u>					
<u>9 1/2"</u>	<u>7-7/8"</u>	<u>13000'</u>	<u>2900 sx DV@6011'</u>					
<u>Liner</u>	<u>5"</u>	<u>12603' - 16098'</u>	<u>400 sx</u>					

**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 <u>1586</u>	Length of Test <u>24hrs.</u>	Bbls. Condensate/MMCF <u>64</u>	Gravity of Condensate <u>51°</u>
Testing Method (pilot, back pr.) <u>Sales Line</u>	Tubing Pressure (Shut-in) <u>9,000 psi</u>	Casing Pressure (Shut-in) <u>Pkr.</u>	Choke Size <u>Adj</u>

**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.

Bob K. Newland BOB K. NEWLAND  
 (Signature)  
 Regulatory Administrator  
 (Title)

OIL CONSERVATION COMMISSION

APPROVED JUL 6 1982, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 or new and recompleted wells.