		_		
	NO. OF COPIES RECEIVED	]		
	DISTRIBUTION	EW MEXICO OIL CONSERVATION COMMISSION Form C-104		
	SANTA FE	REQUEST	FOR ALLOWARIE	Form C-104 Supersedes Old C-104 and C-11
	FILE	] AZGSZO,	AND HOBBS OF	FIRE D Effective 1-1-65
	U.S.G.S.	REQUEST FOR ALLOWABLE HOBBS OFFICE O. C. C.		
	LAND OFFICE		MAR 2 I	11 PM '67
	TRANSPORTER OIL			11 PM '67
	GAS			••
	OPERATOR		-	
I.	PRORATION OFFICE	-		
	perator			
	BTA Oil Producers			
	Address			
	104 South Pecos, Midland, Texas			
	Reason(s) for filing (Check proper box)  Other (Please explain)			
	New Well Change in Transporter of:			
	Recompletion X Oil Dry Gas			
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name			
	and address of previous owner	<u> </u>		
			NECICNIATER -	
Ι.	DESCRIPTION OF WELL AND	LEASE -UNI	DESIGNATED	
	Lease Name		me, Including Formation R-32/8	
	FMS 664 Ltd.	OG 421 2 Sout	h Flying M. Penn.	State, Federal or Fee
	Location	Sout h	Hying"m"- Pennsylva	nian
	Unit Letter N; 66	O Feet From The S Lir	ne and 1980 Feet From	n The W
			•	• • • • • • • •
,	Line of Section 19 Tov	vnship 9-5 Range	33-E , NMPM,	Lea County
_			_	
1.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA		oved copy of this form is to be sent)
			1	
	The Permian Corporation  P. O. Box 3119, Midland, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	No Sale for Gas at Present			
	NO Sale for Gas at	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
	If well produces oil or liquids, give location of tanks.			nen
i		N 19 9-S 33-E	No .	
		h that from any other lease or pool,	give commingling order number:	
٠.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Recompleted 2/14/67	9110	9100
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4374' GR	Penn.	9076	90441
	Perforations			Depth-Casing Shoe
	9079'-9097'			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		13-3/8"	364'	350
		8-5/8"	3663'	1660
		5-1/2"	9110'	300
, ,	TEST DATA AND REQUEST FO	OR ALLOWARIE /Tank must be a	fter recovery of rotal statume of local at	l and must be equal to or exceed top allow-
•	OIL WELL		pth or be for full 24 hours)	. wire meas or edges to or exceed top ditoms
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	2/20/67	2/27/67	Pump	
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	24 hrs.			
f	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
	43	43	1050	27
١,				
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
- [				

I. 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.

(Signature)

Production Superintendent

(Title)

March 1, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 completed wells.