1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Creator BTA Oil Producers Address 104 South Pecos, M Reason(s) for filing (Check proper box)	REQUEST FO AUTHORIZATION TO TRAN idland, Texas 79701	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65
;	New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name	Change in Transporter of: Oil X Dry Gas Casinghead Gas Cordens	771	Kind of Lease State, Federal or Fee Fee
	ENFIELD 679 Ltd.		Penn.	
	Unit Letter P;	660 Feet From The SouthLine	and 660 Feet From T	he <u>East</u>
	Line of Section 28 Tow	mship 9-S Range 34	4-≌ , NMEN,	Lea County
III.	Nome of Authorized Transporter of on A		Address (Give address to which approv <b>Q.</b> 0. Box 1713, Midland Address (Give address to which approv	1, Texas 79701
	Warren Petroleum Corp.		P. O. Box 1589, Tuisa, Is gas actually connected? Whe	
•	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. L 28 9-S 34-E	No	
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completic		give commingling order number:	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 Depth Casing Since
	Perforations			Deptil Cusing choe
	CLOUDE A TUDING SIZE		DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) OIL WELL Producing Mothod (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii)	.,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gas - MÓF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Concensate
	Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Vi	. CERTIFICATE OF COMPLIAN			ATION COMMISSION
	Thereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	
	(Signature) April 24, 1968		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 devision tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	Production	Title) n Supt Date)	able on new and recompleted w Fill out only Sections I, 1 well name or number, or transpor	ells. II, III, and VI for changes of owner, rter, or other such change of condition. at be filed for each pool in multiply

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.

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