

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator BTA Oil Producers	Well API No. 30-025-31206
Address 104 S. Pecos, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name French, 9004 JV-P	Well No. 3	Pool Name, Including Formation Corbin South (Wolfcamp)	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. NM078148
Location				
Unit Letter H	1980	Feet From The North	Line and 510	Feet From The East
Section 24	Township 18S	Range 32E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 24
	Twp. 18	Rge. 32
Is gas actually connected?	When ? 5-14-91	

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-5-91	Date Compl. Ready to Prod. 5-14-91	Total Depth 11343		P.B.T.D. 11055				
Elevations (DF, RKB, RT, GR, etc.) 3804' GR 3818' RKB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10965		Tubing Depth 10785				
Perforations 10965-11014'	Depth Casing Shoe 11343							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		410		450 sx - Circ			
11	8-5/8		4500		1800 sx - Circ			
7-7/8	5-1/2		11343		2000 sx - Circ			
	2-7/8 tbg		10785					

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 Tank 5-14-91	Date of Test 5-18-91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 250	Casing Pressure Pkr	Choke Size 18/64
Actual Prod. During Test 240 bbls	Oil - Bbls. 240	Water - Bbls. 70	Gas- MCF 288

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dorothy Houghton
Signature
Dorothy Houghton, Regulatory Administrator
Printed Name
5-20-91
Date
915-682-3753
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1991
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.