## NEW .EXICO OIL CONSERVATION COMM\_SION (Form C.104) R F C E / / F Bayised 7/1/57 Santa Fe. New Mexico **REQUEST FOR (OIL) - (GAS) ALLOWABLE** BLE New Well UVI = Figure Recompletion New Well This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 is as sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided and form Balles during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. Midland, Texas October 18, 1961 (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: BTA 011 Producers HUSTATE , Well No. 1 , in SE 1/4 SW 1/4, (Company or Operator) (Lease) Sec. 36 T-16-S R-31-E NMPM, Robinson Pool Eddy County. Date Spudded 9-6-61 Date Drilling Completed 9-24-61 Elevation 4066 GL PBTD 3950 Please indicate location: Top Oil/Gas Pay\_\_\_\_\_\_ Name of Prod. Form. Grayburg C B A PRODUCING INTERVAL -Perforations 3931-20, 3809-07, 3798-93, 3780-78, 3773-67, 3730-24, 3686-F G Ħ Depth Depth Open Hole\_\_\_\_ 3955 \_\_\_Casing Shoe 3914 Tubing

OIL WELL TEST -

|                              |                    |                          |                 | Choke         |
|------------------------------|--------------------|--------------------------|-----------------|---------------|
| Natural Prod. Test:          | bbls.oil,          | bbls water in            | hrs,            |               |
| Test After Acid or Fracture  | e Treatment (after | recovery of volume       | of oil equal to |               |
| load oil used): <u>58</u> bb | ols.oil, <u>4</u>  | _bbls water in <u>24</u> | _hrs,_0min.     | Choke<br>Size |
| GAS WELL TEST -              |                    |                          |                 |               |
|                              |                    |                          |                 |               |

Natural Prod. Test:\_\_\_ MCF/Day; Hours flowed Choke Size Tubing .Casing and Comenting Record Method of Testing (pitot, back pressure, etc.):\_

| Size   | feet         | Sax | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed                               |
|--------|--------------|-----|---|
| 8-5/8" | 403          | 125 | Choke SizeMethod of Testing:  |
| 5-1/2" | 3955         | 200 | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |
| 2-3/8" | <b>39</b> 14 |     | sand): See below<br>Casing Tubing Date first new<br>Press Press oil run to tanks 10-16-61 |
|        |              |     | Oil Transporter The Permian Corporation   |

Gas Transporter Pending Contract Remarks: 3920-31, A/500, SF/20,000 gal R. 0, 39,000# SN.

3767-3809, A/500, SF/25,000 gal R. O., 53,500# SN.

3685-3730, A/500, SF/10,000 gal. R. O., 17,500# SN.

I hereby certify that the information given above is true and complete to the best of my knowledge. BTA Q11 Producers

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<u>760 FSL - 1980 FWL</u>

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| OIL   | CONSERVATION COMMISSION |
|-------|-------------------------|
| m.    | In T                    |
| By:   | LE 12 12 LECTOR         |
| •     | WL AND HAS INSPECTION   |
| Title | $\sum_{i=1}^{n}$        |

(Signature)

(Company or Operator)

Title Production Superintendant\_ Send Communications regarding well to:

Name BTA 011 Producers

J.

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CIL CONSERVATION COMMISSION No. Con'os Rocsived DISSE DUTHON A CLATCR · I - B. ATTING CHARE 242 (282 p) (14990) 2

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40.5 Weiner Land Land

| _> ~                      |                 | . <b></b> .          |               |                  |             | -                                |                                  |
|---------------------------|-----------------|----------------------|---------------|------------------|-------------|----------------------------------|----------------------------------|
| DISTRIBUTION              |                 |                      |               |                  | SEDVAT      | ION COMMISSION                   |                                  |
| BANTA F                   |                 |                      |               | SANTA FE         |             |                                  | FORM C-110                       |
| U.S.C.J                   |                 | CEDTIE               |               |                  |             |                                  | (Rev. 7-60)                      |
| TRANSPORTER GAS           | /               |                      |               |                  |             |                                  | AT IN POINT OF CALLER            |
| PRORATION OFFICE          | <b>,</b>        |                      | IU IRAN       | ISPORT OF        | LAND        | NATURAL GAS                      |                                  |
| PERATOR                   | 3               | FILE THE             | ORIGINAL      | AND 4 COPIES     | WITH TH     | E APPROPRIATE OF                 | FICE 501 2 3 1961                |
| Company or Operator       |                 |                      |               |                  |             | Lease                            | Well No.                         |
| B                         | TA OIL P        | roducers             |               |                  |             | HUSTATE                          |                                  |
| Unit Letter               | Section         | Township             |               | Range            |             | County                           |                                  |
| <u>X</u>                  | 36              | T-16-S               |               | R-31-E           |             | Eddy                             | 、<br>~                           |
| Pool <b>Rob</b>           | inson           |                      |               |                  |             | Kind of Lease (State, F<br>State | ed Fee)                          |
| If well produ             | ces oil or con  | densate              | Unit Lett     | er               | Section     | Township                         | Range                            |
|                           | ocation of tank |                      |               | L                | 36          | T-16-S                           | R-31-E                           |
| Authorized transporter o  | foil 🕱 or c     | ondensate 🗍          |               | Addre            | ss (give ad | dress to which approved a        | copy of this form is to be sent) |
|                           |                 |                      |               |                  |             |                                  |                                  |
| The Permian C             | ormoratie       | m                    |               | P                | 0. Box      | 3119, Midland,                   | Tawas                            |
|                           |                 |                      | A atually C   | onnected? )      |             | No X                             | 14469                            |
|                           |                 |                      |               |                  |             |                                  |                                  |
| Authorized transporter of | f casing head   | gas or dry ga        | s Date        | Con- Addre<br>ed | ss (give ad | dress to which approved c        | opy of this form is to be sent)  |
|                           |                 |                      |               |                  |             |                                  |                                  |
| ·                         |                 |                      |               |                  |             |                                  |                                  |
| If gas is not being sold, | give reasons    | and also explain it  | s present dis | position:        |             |                                  |                                  |
|                           |                 | anatasat a           |               |                  |             |                                  |                                  |
| ACR SGTA                  | benutug         | contract no          | gotiati       | ons.             |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 | RES                  | ON(S) FOR     | FILING (pleas    | e check p   | roper box)                       |                                  |
|                           | New Well        | •••••                |               | Chan             | ge in Owne  | ership                           | • 🗆                              |
|                           |                 | ansporter (check o   | •             |                  | (explain b  | elow)                            |                                  |
|                           | Oil             | Drg                  | y Gas         |                  |             |                                  |                                  |
|                           | Casing he       | ead gas . 🔄 Co       | ndensate      |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
| Remarks                   |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
|                           |                 |                      |               |                  |             |                                  |                                  |
| The undersigned certi     | fies that the   | Rules and Regul      | ations of th  | o Oil Conserva   | ion Comm    | ission have been comp            | lind mich                        |
|                           | nes aut ac      | Nulls and Regul      | ations of th  | e on constitu    |             | iission nave been comp           | fied with.                       |
|                           | Executed        | this the             | day of        |                  |             |                                  |                                  |
|                           |                 |                      |               | By               |             | 1 11                             | ······                           |
|                           |                 | ION COMMISSIO        | n<br>         |                  | A           | 1111                             |                                  |
| Approved by               | _               |                      |               |                  | D           | Hahren                           |                                  |
| m+                        | °N.             | . st.                |               | Title            |             |                                  |                                  |
|                           | Um              | wino                 | lq            |                  |             | tion Superinten                  | dant                             |
| litle                     | til enn si      | IS INSPECT <b>OR</b> | L             | Compa            | ny          |                                  |                                  |
|                           |                 | V                    |               |                  | BTA OF      | 1 Producers                      |                                  |
|                           |                 |                      |               |                  |             | L ELGUMENTS                      | ·······                          |
| Date                      |                 | 107 2                | 1 1004        | Addre            | 5 S         |                                  |                                  |
|                           |                 | · •••                |               |                  | 104 50      | outh Pecos Midl                  | and. Texas                       |
|                           |                 |                      |               | ,                |             | • • • • • •                      | <b>-</b>                         |