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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OCT 23 1992

O. C. D.
ARTESIA

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BTA Oil Producers	Well API No. 30-015-31056
Address 104 S. Pecos, Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE Recompletion <input type="checkbox"/> FLARED AFTER 1/5/93 Change in Operator <input type="checkbox"/> UNLESS AN EXCEPTION FROM Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> THE B. L. M. IS OBTAINED 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 Lusk, 9209 JV-P	Well No. 1	Pool Name, Including Formation Wildcat, Wolfcamp	Kind of Lease State/Federal	Lease No. NMNM86552
Location Unit Letter F : 1980 Feet From The North Line and 1820 Feet From The West Line Section 12 Township 19S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co., Div of Koch Industries	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024				
Name of Authorized Transporter of Casinghead Gas GPM Gas Corp	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 19S	Rge. 31E	Is gas actually connected? No	When? 11-1-92

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-29-92	Date Compl. Ready to Prod. 10-15-92	Total Depth 11,290	P.B.T.D. 11,200					
Elevations (DF, RKB, RT, GR, etc.) 3610' GR 3624' RKB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,324	Tubing Depth 10,425					
Perforations 10,324-10,425			Depth Casing Shoe 11,290					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	632	700-Circ Pm 20-2					
11	8-5/8	4000	1400-Circ 12-11-92					
7-7/8	5-1/2	11290	1800-Circ comp 4 BLS					
	2-7/8	10425						

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 10-15-92	Date of Test 10-22-92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 490	Casing Pressure Pkr	Choke Size 11/64
Actual Prod. During Test 159 bbls	Oil - Bbls. 159	Water - Bbls. 0	Gas- MCF 195

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.

Signature
Dorothy Houghton, Regulatory Administrator
Printed Name
Date 10-28-92 Telephone No. 915-682-3753

OIL CONSERVATION DIVISION

Date Approved NOV 10 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.