STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓ ✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	✓
GAS	✓
OPERATOR	✓
PRORATION OFFICE	

I.

Operator
BTA OIL PRODUCERS

Address
104 South Pecos   Midland, Texas   79701

Reason(s) for filing (Check proper box)

[X] New Well

[ ] Recompletion

[ ] Change in Ownership

Change in Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rock Tank, 8612 JV-P	1	South Rock Tank	State, Federal or Fee Federal	NM65945

Location

Unit Letter **I** ; **1980** Feet From The **South** Line and **660** Feet From The **East**

Line of Section **35**   Township **23-S**   Range **24-E** , NMPM, **Eddy**   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Gas Transportation Company	Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	35	23-S	24-E	~~No~~ yes	~~4-15-87~~ 5-20-8

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

_____DOROTHY HOUGHTON
(Signature)

Regulatory Supervisor
(Title)

3-26-87
(Date)

OIL CONSERVATION DIVISION

APPROVED ____**JUN 2 6 1987**____ , 19____

BY ____Original Signed By____
Les A. Clements

TITLE ____Supervisor District II____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-18-86	2-20-87	10,494'	10,141'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3929' GR	Morrow	10,062'	9,833'

Perforations	Depth Casing Shoe
10,062' - 10,076'	10,494'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	400'	450 sx Circ
12-1/4	8-5/8	2594'	1450 sx TOC @261'
7-7/8	5-1/2	10494'	1900 sx Circ
	2-7/8	9833'	

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 allowable for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
602	24 hrs.	6	50.4°
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	2685 psi	pkr.	9/64"