

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

JAN 27 '89

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator BTA OIL PRODUCERS ✓		Well API No. 30-015-25964
Address 104 South Pecos Midland, Texas 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 Pardue, 8808 JV-P	Well No. 1	Pool Name, Including Formation S. Culebra Bluff (Atoka)	Kind of Lease Fee State, Federal or Fee	Lease No.
Location Unit Letter - L- : 2310 Feet From The South Line and 660 Feet From The West Line Section 11 Township 23-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11	Twp. 23-S	Rge. 28-E	Is gas actually connected? yes	When? 4-3-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-27-88	Date Compl. Ready to Prod. 11-24-88		Total Depth 12,868'		P.B.T.D. 12,740'			
Elevations (DF, RKB, RT, GR, etc.) 2,988' GR 3,008' RKB	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,604'		Tubing Depth 11,485'			
Perforations 11,604' - 11,718' (Atoka)					Depth Casing Shoe 12,868'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		433'		600 sx - Circ			
14 3/4"	10 3/4"		2,614'		2000 sx - Circ			
9 1/2"	7 5/8"		10,700'		2400 sx - TOC @ 450'			
6 1/2"	5" Liner		10,295' - 12,868'		460			

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.)

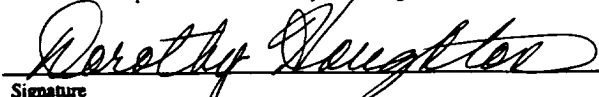
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 205	Length of Test 24 hrs.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice plate	Tubing Pressure (Shut-in) 5500	Casing Pressure (Shut-in) Pkr.	Choke Size 22/64"

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
1/26/89 (915) 682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 10 1989

By Original Signed By
Mike Williams

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.