

## DISTRICT

**P.O. Box 1980, Hobbs, NM 88240**

DISTRICT II

**PIONEER**  
**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**

Form C-116  
Revised 1/1/89

RECEIVED

Revised 1/1/89

# OIL CONSERVATION DIVISION

**P.O. Box 2088**

**Santa Fe, New Mexico 87504-2088**

JUL 16 '90

C. C. D.  
ARTESIA, OFFICE

# GAS-OIL RATIO TEST

| Operator                           |          | Pool                   |    | County                                                                                             |              |         |            |             |                  |                      |                   |              |           |                            |            |            |
|------------------------------------|----------|------------------------|----|----------------------------------------------------------------------------------------------------|--------------|---------|------------|-------------|------------------|----------------------|-------------------|--------------|-----------|----------------------------|------------|------------|
| BTA OIL PRODUCERS                  |          | Loving East (Delaware) |    | Eddy                                                                                               |              |         |            |             |                  |                      |                   |              |           |                            |            |            |
| Address                            |          | TYPE OF TEST - (X)     |    | Completion <input checked="" type="checkbox"/> Special <input checked="" type="checkbox"/> Witness |              |         |            |             |                  |                      |                   |              |           |                            |            |            |
| 104 South Pecos, Midland, Tx 79701 |          | SCHEDULED              |    | Special                                                                                            |              |         |            |             |                  |                      |                   |              |           |                            |            |            |
| LEASE NAME                         | WELL NO. | LOCATION               |    |                                                                                                    | DATE OF TEST | STATUS  | CHOKE SIZE | TBG. PRESS. | DAILY ALLOW-ABLE | LENGTH OF TEST HOURS | PROD. DURING TEST |              |           | GAS - OIL RATIO CU.FT/BBL. |            |            |
|                                    |          | U                      | S  | T                                                                                                  |              |         |            |             |                  |                      | R                 | WATER BBL.S. | GRAV. OIL |                            | OIL BBL.S. | GAS M.C.F. |
| Pardue -C-, 8808 JV-P              | 1        | N                      | 11 | 23                                                                                                 | 28           | 7-12-90 | F          | 11/64       | 1610             | 75                   | 24                | 2            | 41        | 160                        | 633        | 3956       |

**Instructions:**

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

**Report casing pressure in lieu of tubing pressure for any well producing through casing.**

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_

Dorothy Houghton, Regulatory Administrator  
Printed name and title

Printed name and title

7-13-90

915-682-3753

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_