Submit 5 Copies Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

KELEIVEL

Revised 1-1-89 See Instruction JUL 1 9 **19**93

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Q (. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator BTA 011 Producers <u> 30-015- 26406</u> Address 104 S. Pecos, Midland, TX 79701 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change of pool name from \Box Recompletion Oil Dry Gas Loving, East (Delaware) Change in Operator Casinghead Gas Condensate Order No. R-9501-B If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Lease No. Pardue -D- 8808 JV-P Loving, East (Brushy Canyon) Location 990 Feet From The North Line and 660 D West Unit Letter _ Section 11 Range 28E 238 Eddy Township NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate XXX Pride Pipeline Co P.O.Box 2436, Abilene, TX Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [Address (Give address to which approved copy of this form is to be sent) P.O.Box 1320, Hobbs, NM Llano, Inc If well produces oil or liquids, Is gas actually connected? When ? Unit Twp. Rge. give location of tanks. Ε 23 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Oil Well Cas Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Compi. Ready to Prod. P.B.T.D. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **DEPTH SET** SACKS CEMENT CASING & TUBING SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 20 1993 is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY Signature Dorothy Houghton MIKE WILLIAMS Hory Administrator SUPERVISOR, DISTRICT II Printed Name Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

7-16-93

- 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.

Telephone No.

- 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.

915-682-3753