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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator **BTA Oil Producers**

Address **104 South Pecos, Midland, Texas 79701**

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership
 Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate
 Other (Please explain) **This form filed to correct C-104 filed incorrectly 12-10-68.**

If change of ownership give name and address of previous owner **Formerly Skelly - Hobbs # 1-G & Sunray Lane SWD #1**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Sunray State	Lease No. L1650	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee State
Location Vada-Pennsylvanian K-3750				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 36	Township 9S	Range 33E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pan American Petroleum (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100
If well produces oil or liquids, give location of tanks. Unit F Sec. 36 Twp. 9S Rge. 33E	Is gas actually connected? NO When approx. 45 days

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) plug back	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Compl. Ready to Prod. 12-8-68	Total Depth 9867'
Elevations (DF, RKB, RT, GR, etc.) 4290' KB	Name of Producing Formation Bough "C"
Perforations 9685-95'	Top Oil/Gas Pay 9680'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 18"	CASING & TUBING SIZE 13 3/8"
12 1/4"	8 5/8"
8 3/4"	5 1/2"
DEPTH SET 352'	SACKS CEMENT 360 SX
4029'	1900 SX
9867'	340 SX

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 Tanks 12-10-68	Date of Test 12-9-68	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hrs.	Tubing Pressure 180	Casing Pressure Pkr.
Actual Prod. During Test 770	Oil-Bbls. 210	Water-Bbls. 560
		Gas-MCF 262

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

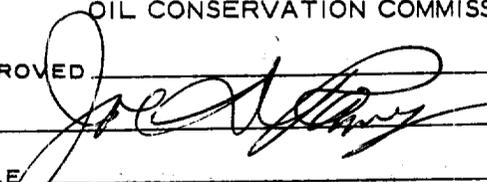
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



 Engineer (Signature)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY 
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable 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 multiply completed wells.

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