

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> (REENTRY)	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE				
Lease Name LANE "B" 674 Ltd.	Lease No. E 8834	Well No. 3	Pool Name, including Formation Lane Penn (Bough C Formation)	Kind of Lease State, Federal or Fee State
Location				
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 1 Township 10-S Range 33-E, NMPM, Lea County				

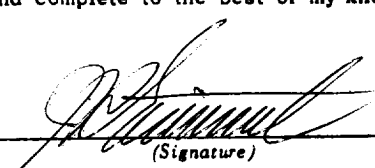
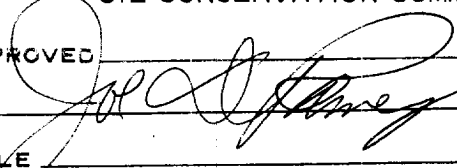
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Service Pipe Line Company		3411 Knoxville Ave., Lubbock, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corp.		P. O. Box 1589, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
		36	9	33
		Is gas actually connected? When		
		no		

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

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX					XX				
Date Spudded 3-24-68		Date Compl. Ready to Prod. 4-13-68		Total Depth 9855'		P.B.T.D. 9810'			
Elevations (DE, RKB, RT, GR, etc.) 4273' G.L.		Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9645'		Tubing Depth 9409'			
Perforations 9645' to 9656'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"		13 3/8"		355'		350 sx.			
12 1/4"		9 5/8"		4025'		1900 sx.			
8 3/4"		7"		9855'		500 sx.			
		2 3/8"		9409'					

VI. 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 4-13-68	Date of Test 4-14-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 510	Casing Pressure Pkr.	Choke Size 24/64
Actual Prod. During Test 552	Oil - Bbls. 289	Water - Bbls. 431	Gas - MCF 263

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

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED	
		BY 	
Production Supt.		TITLE	
(Title)			
April 15, 1968		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	