

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

**I. OPERATOR**  
Operator: **BTA Oil Producers**  
Address: **104 South Pecos, Midland, Texas 79701**  
Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

**THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

**THIS WELL MUST NOT BE PLACED IN THE POOL UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Meta 7101 JV-D</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Vada-Penn R-4167</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>"J"</b> , <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>3</b> Township <b>9-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> 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"/> <b>Mobil Oil Corp. (Trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas 75221</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74100</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>3</b>	Twp. <b>9-S</b>	Rge. <b>34-E</b>
	Is gas actually connected? <b>No</b>		When <b>Approximately 2 Weeks</b>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <b>Re-Spud 4-13-71</b>	Date Compl. Ready to Prod. <b>5-27-71</b>	Total Depth <b>9643</b>	P.B.T.D. <b>9640</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4254 GL, 4269 KB</b>	Name of Producing Formation <b>Bough "C"</b>	Top Oil/Gas Pay <b>9614</b>	Tubing Depth <b>9596</b>					
Perforations <b>9614-25 w/ 2 JSPF</b>	Depth Casing Shoe <b>9643</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13-3/8"</b>	<b>443'</b>	<b>300 sx (Circ.)</b>
<b>12 1/4 &amp; 11"</b>	<b>8-5/8"</b>	<b>4100</b>	<b>1000 sx</b>
<b>7-7/8"</b>	<b>5 1/2"</b>	<b>9643</b>	<b>300</b>

**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)

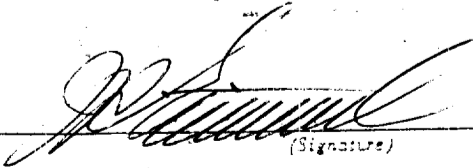
Date First New Oil Run To Tanks <b>5-27-71</b>	Date of Test <b>6-1-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>1437</b>	Oil-Bbls. <b>191</b>	Water-Bbls. <b>1246</b>	Gas-MCF <b>121</b>

**GAS WELL**

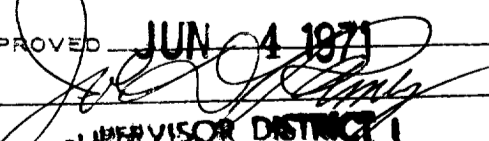
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

  
\_\_\_\_\_  
(Production Manager)  
\_\_\_\_\_  
6-1-71  
\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 4 1971**, 19\_\_\_\_  
BY   
TITLE **SUPERVISOR DISTRICT I**

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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of depth, well name or number, or transporter or other such change of data.  
Separate Forms C-104 must be filed for each pool in completed wells.

**RECEIVED**

JUN - 3 1971

**OIL CONSERVATION COMM.**  
**HOBBS, N. M.**