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May 1, 1968 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE O. C. C.

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

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

U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
OPERATOR PRORATION OFFICE			
Operator BTA Oil Producers			'
Address 104 South Pecos, M	idland, Texas 79701	,	
Reason(s) for filing (Check proper bo	ox)	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	ıs 🔲	
Change in Ownership $\overline{\mathbf{X}}$	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner	W. S. Northcott, Box 2	055, Roswell, New Mexic	o 88201
I. DESCRIPTION OF WELL AND			
Lease Name Northcott Federal	0110101	me, Including Formation Signated	Kind of Lease State, Federal or Fee Federal
Location Unit Letter B ;	660 Feet From The North Lin		
Line of Section 3 T	ownship 9-S Range 3	6-Е , МРМ,	Lea County
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)
The Permain Corporat:	ion	P. O. Box 3119, Midla	nd, Texas 79701
Name of Authorized Transporter of C	asinghead Gas or Dry Gas  No Gas Sale	Address (Give address to which appr	oved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen
give location of tanks.	B 5 9-S 36-		
COMPLETION DATA	Oil Well Gas Weil		
Designate Type of Complet		New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations	<u></u>		Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		k dalah merupakan barapat pertugahan kematan dapa pada merupakan dalah dalah untuk belah kempanan dalam dalah T	
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	jer recovery of total volume of load off pth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Teat	Producing Method (Flow, pump, gas l	ifi, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Tes:	Oii-Bols.	Water - Bbis.	Gas-MCF
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
CERTIFICATE OF COMPLIAN	· ·	OIL CONSERV	A TION COMMISSION
Thereby 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.		OIL CONSERVATION COMMISSION APPROVED 19 BY 19	
D. H. H.		This form is to be filed in compliance with RULE 1104.	
J. Signature)		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	
Production Supt.		tests taken on the well in acco	rdance with RULE 111.
(Title)		All sections of this form mo able on new and recompleted w	ust be filled out completely for allow- ella.