HO. OF COPIES REC	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

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DISTRIBUTION	JEW NEXICO OIL O	CONSERVATION COMMISS1		
SANTA FE		FOD 41 1 000 1 5		
FILE	1	AND Superaedes Old C-104 and C- Elfective 1-1-65		
U.S.G.S.	. AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	Δς	
LAND OFFICE	1			
TRANSPORTER GAS			•	
OPERATOR]	•		
PRORATION OFFICE	<u> </u>			
Operator The M	laurice L. Brown Company			
Address				
•		City, Missouri 64112	-	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:		•	
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	F I		
If change of ownership give name	BTA Oil Producers	104 S. Pecos	Midland T 70701	
and address of previous owner		104 0. 16603	Midland, Texas 79701	
DESCRIPTION OF WELL AND Lease Name	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Walker 686 Ltd.	1 Vada-Penn	* State, Federal	or Fee Federal	
i e	O Feet From The South Lin	e and 643 Feet From T	west .	
Line of Section 6 Tay	vnship 9-S Range	36-E , NMPM, Lea	A County	
	TER OF OVE AND NAMED AT CA			
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)	
Mobil Oil Corporation	n	Box 900, Dallas, Texas 75221		
Name of Authorized Transporter of Cas		Address (Give address to which approve	ed copy of this form is to be sent)	
Warren		Box 1589, Tulsa, Okla	ahoma 74100	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. M 6 9-S 36-E	Is gas actually connected? When		
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	ii			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FO		 fer recovery of total volume of load oil a: pth or be for full 24 hours	nd must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producting Method (Flow, pump, gas lift	, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Gga - MCF	
Actual Prod. During Test	Oil-Bhis.	Water-Bble.	- MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE		1)	TION COMMISSION	
	1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	APPROVED JUL 24	19/5	
I hereby certify that the rules and r Commission have been complied w	ith and that the information given	Orig. Signed by		
shove is true and complete to the	best of my knowledge and belief.	BYBY		

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Commission have been complied with and that the information given above in true and complete to the best of my knowledge and belief.

THE MAURICE L. BROWN COMPANY

(Signature) Administrator

(Title)

Maras

May 6, 1975

Melvin J. Kleban

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 sllow able on new and recompleted wells.

This form is to be filed in compliance with RULE 1104.

John Runyan Geologist

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 ". courate Forms "Till" must be filled for each piece to multipl

RECEIVED

JUN 9 1975

CHE COMMENDATE I COMM. HOBBS, N. M.