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TRANSPORTER			
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BTA OIL PRODUCERS		
Address		
104 South Pecos	Midland, Texas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	Change in Transporter of:	
New Well Recompletion Change in Ownership	🔀 Oil 🗌 Dry Gaz	To correct previous C-104
Change in Ownership	Casinghead Gas Condensate	filed 6-28-82
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LI	EASE				
Lease Name	Well No.	Pool Name, Including	Formation	Kind of Lease	Lease No.
Bagley	1	Bagley Permo	Penn, North	State, Federal or Fee Fee	
Location Unit Letter A ; 560	_Feet Fro	m The North L		Feet From The East	
Line of Section 9 Townshi	1 1	Range	<u>33</u> , NMP	w, Lea	County
III. DESIGNATION OF TRANSPORT			LGAS		
Name of Authorized Transporter of Oli		ondensate 🛄	Address (Give address	to which approved copy of this form is	to be sent)
Amoco Pipeline Compan			201 Main St.,	Suite 500, Fort Worth, to which approved copy of this form is	TX 76102
Name of Authorized Transporter of Casinghe	ad Gas 🕅	or Dry Gas	Address (Give address	to which approved copy of this form is	to be sent)
Warren Petroleum Co.		•	1	9, Tulsa, OK 74102	
If well produces oil or liquids, Unit give location of tanks.		. Twp. Rge.	Is gas actually connect	ted? When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

(Signalure) Regulatory Superviso (Tule) 10-8-86 (Date)

OIL (CONSERVATION DIVISION	
APPROVED	OCT 1 0 1986	
BY		_
TITLE	ternet and the state of the st	

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

If this is a request for allowable for a newly drilled or deepener 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 allow able 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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IV. COMPLETION DATA

Designate Type of Completion		as Well New 	Well Wor	kovet	' Deepen I I	Plug Back	' Same Res'v. I	DIII. Hes'y I I
Date Spudded	Date Compl. Ready to Prod.	Toto	il Depth		۱ <u>. </u>	P.B.T.D.		<u>.</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	n Top	Oil/Gas Pay	,		Tubing Dep	th	
Perforations						Depth Casi	ng Shoe	<u></u>
	TUBING, CAS	ING, AND CEN	AENTING R	ECORD		<u> </u>		
HOLESIZE	CASING & TUBING S	SIZE	DEF	TH SET	Г	S/	ACKS CEME	T
	· .							

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF		

GAS WELL

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

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