NO. OF COPIES REC	EIVED	i I	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANSFORIER	GAS		
OPERATOR			
PRORATION OFFICE			

November 22, 1967

(Date)

	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHODIZATION TO TRA	ANSPORT OIL AND NATURAL G	AC	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
	· · · · · · · · · · · · · · · · · · ·				
	TRANSPORTER OIL	1			
	GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
,	BTA Oil Producers				
	Address				
	104 South Pecos, M	idland, Texas 79701			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	ं छि		Office (1 lease explain)		
	New Well	Change In Transporter of:			
	Recompletion	Oil Dry Ga	ıs 🔲		
	Change in Ownership	Casinghead Gas Conder	nsate		
	If change of ownership give name				
	and address of previous owner	a # 5, 31	DISIGNATION		
	DESCRIPTION OF WELL AND I				
11.	Legse Name	Lease No. Well No. Pool Na.	me, Including Formation Lada Penn	Kind of Lease	
	VADA "B" 673 Ltd.	2 Vada	Penn.	State, Federal or Fee Fee	
			. Tellit.	100	
	Location		1000		
	Unit Letter J;198	O Feet From The South Lin	ne and 1980 Feet From T	he <u>East</u>	
		•			
	Line of Section 20 Tow	vnship 9-S Range 3	34-E , NMPM,	Lea County	
***	DESIGNATION OF TRANSPORT	CEP OF OU AND NATURAL GA	is .		
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	1				
	The Permain Corpo		Box 3119, Midland, Texa	ed conv of this form is to be sent)	
	Name of Authorized Transporter of Cas				
	Warren Petroleum	Company	Box 1589, Tulsa, Oklaho		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	give location of tanks.	L 21 9-S 34-E	E No		
		1 de la ferra de la constantina del constantina de la constantina	aire commingling order number:		
	If this production is commingled wit	n that from any other lease or pool,	give comminging order number.		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X)	X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	· ·			
	October 6, 1967	November 9, 1967	9875'	9871 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	tubing Depth	
	4284' G.L.	Bough "C"	9848'		
	Perforations	518		Depth Casing Shoe	
	9848' to 9857' & 98	62' to 9865' of Juk		<u> </u>	
		TUBING, CASING, AND	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17 1/2"	12 3/4	370'	375	
				400	
	11"	8 5/8"	4010	<del> </del>	
	7 7/8"	4 1/2"	9875'	300	
		<u> </u>	<u> </u>	<u>i</u>	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil a	and must be equal to or exceed top allow-	
٠.	OIL WELL	able for this de	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
	11-18-67	11-21-67	Pump		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours				
		Oil-Bbls.	Water-Bbls.	Gan-MCF	
	Actual Prod. During Test		300	238	
	587	287	1 300		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			<u> </u>		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
				}	
			011 001100111	TION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COM		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.				
	(Signature)		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 deviation tests taken on the well in accordance with RULE 111.		
	Production Supt		tests taken on the well in accor	at be filled out completely for allow-	
		tle)	All sections of this form mul	ills.	

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.