| | NO. OF COPIES RECEIVED | ן ר | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| | DISTRIBUTION | | ONSERVATION COMMISSION | Fore C. 104 |
| | SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLES OFFICE | Form C-104 Supersedes Old C-104 and C-110 |
| | FILE | | | 0. 6. 6. Effective 1-1-65 |
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OUNAND NATURAL | GAS |
| | LAND OFFICE | | ' 4 6 F | 77 768 |
| | TRANSPORTER GAS | - | | |
| | OPERATOR | | | |
| 1. | PRORATION OFFICE |] | | |
| | Operator 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: | | | |
| | Recompletion | Oil X Dry Ga Casinghead Gas Conden | | |
| | Change in Ownership | | | |
| | If change of ownership give name | | | |
| | and address of previous owner | | · · · · · · · · · · · · · · · · · · · | |
| II. | DESCRIPTION OF WELL AND | | - Industry Presentan | Kind of Lease |
| | Lease Name | | ne, Including Formation Penn Ext. | State, Federal or Fee State |
| | Mar 679 Ltd. TB#2 | | Feini Exc. | Deute |
| | - | OFeet From TheSouthLine | e and 660 Feet Fro | om The West |
| | Unit Letter / / | | | |
| | Line of Section 5 Tow | vnship 10-S Range | 34 → E , NMPM, | Lea County |
| | PROVINGING TO ANGROD | | c | |
| III. | Literation of Authorized Technologies of Oil | Or Condensate | Address (Give address to which ap | proved copy of this form is to be sent) |
| | Service Pipe Line | CO Amoco Pipeline Co. | 3411 Knoxville Av | e., Lubbock, Texas |
| | Name of Authorized Transporter of Cas | singhead Gas or Dry Gas | | proved copy of this form is to be sent) |
| | Warren Petroleum C | | P.O. Box 1589 Tul | sa, Okla. 74102 |
| | If well produces oil or liquids, | Unit Sec. Twp. Eqe. | | when |
| | give location of tanks. | E 5 10-S 34-E | | |
| TV | If this production is commingled with COMPLETION DATA | th that from any other lease or pool, | give comminging order number: | |
| | | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. |
| | Designate Type of Completic | a second se | i | |
| | Date Spudded | Date Compl. Ready to Prod. | Totai Depth | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Cil/Gas Pay | Tubing Depth |
| | | | 1 | |
| | Periorations | | | Depth Casing Shoe |
| | TUBING, CASING, AND CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| | | | · | |
| | L | | | |
| 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- able for this depth or be for full 24 hours) | | | |
| | OIL WELL able for this def 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-Bols. | Water - Bb.s. | Gan+MOF |
| | Actual 1 roll burning 1 obv | | | |
| | I | | | |
| | GAS WELL | | | Gravity of Conservate |
| | Actual Prod. Test-NOF D | Langth of Test | Bbls. Concertant () MCF | Gravity of Cornershie |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| | | | | |
| VI. | CERTIFICATE OF COMPLIAN | CE | OIL CONSER | VATION COMM SSION |
| • • | | | | |
| | 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 completento the best of my knowledge and belief. | | APPROVED | 1 |
| | | | BY | Amel |
| | | ~ | | |
| | | | TITUE | |
| | Turner | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | |
| | (Signature) | | If this is a request for allowable for a newly diffed of deepend 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. | |
| | Production Supt. | | | |
| | (Title) | | | |
| | 6-18-68 | | | |
| | (D | ate) | | nust be filed for each pool in multiply |
| | | | completed wells. | |