

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator BTA Oil Producers	
Address 104 South Pecos, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	ATO
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Bond 685 Ltd.	Lease No. 0449694-B	Well No. 2	Pool Name, Including Formation Undesignated <u>Andale Allen Pennsylvanian R-3585</u>	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>9-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Permian (Trucks)	P. O. Box 3119, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum	P. O. Box 1589, Tulsa, Oklahoma 74100			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>5</u>	Twp. <u>9-S</u>	Rge. <u>36-E</u>
				Is gas actually connected? <u>No</u> When <u>45 days</u>

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

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
<u>XX</u>	<u>XX</u>								
Date Spudded <u>8-20-68</u>	Date Compl. Ready to Prod. <u>9-28-68</u>		Total Depth <u>9920'</u>			P.B.T.D. <u>9909'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4099 GL</u>	Name of Producing Formation <u>Penn</u>		Top Oil/Gas Pay <u>9892</u>			Tubing Depth <u>9782'</u>			
Perforations <u>9890'-9900'</u>						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>17 1/2"</u>	<u>12 3/4"</u>		<u>383'</u>		<u>375 SX</u>				
<u>11"</u>	<u>8 5/8"</u>		<u>4110'</u>		<u>400 SX</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>9920'</u>		<u>375 SX</u>				

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

Date First New Oil Run To Tanks <u>9-28-68</u>	Date of Test <u>9-30-68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>175#</u>	Casing Pressure <u>Pkr.</u>	Choke Size <u>32/64</u>
Actual Prod. During Test <u>544</u>	Oil-Bbls. <u>293</u>	Water-Bbls. <u>251</u>	Gas-MCF <u>263</u>

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

I. CERTIFICATE OF COMPLIANCE

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]
(Signature)
Production Superintendent
(Title)
October 1, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE _____

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.

All sections of this form must be filled out completely for allowable 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.