	_		
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SANTA FE			
U.S.G.S.			
OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL GAS	

1EW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65.					
	U.S.G.S.	-	AND						
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS Was a state of the same of					
	OIL	-		1 14 170					
	TRANSPORTER	-		•					
	GAS	_							
	OPERATOR								
ı.	PRORATION OFFICE								
	Operator								
	BTA Oil Produc	BTA Oil Producers							
	Address								
	104 South Peco	s, Midland, Texas 7	9701						
	Reason(s) for filing (Check proper box	s, rhuranu, rexas /							
	New Well X		Other (Please explain)						
		Change in Transporter of:							
	Recompletion	Oil Dry Ga	as						
	Change in Ownership	Casinghead Gas Conder	nsate						

	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	TEASE MALL	e Allison- Pennsulació						
	Lease Name		me, Including Formation	Kind of Lease					
	CONTRACT Hammin		-R-3662						
	685 Ltd. Harris	1 1 -Ui	ndoisgnated Penn -Pennsylvanian K-3818	State, Federal or Fee Federal					
	Location	• • • •	,	•					
	Unit Letter A ; 66	60 Feet From The North Lin	ne and 660 Feet From	_{The} East					
	Line of Section 6 Tox	wnship 9-S Range	36-E , NMPM,	Lea County					
				<u> </u>					
Τ.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oil		Address (Give address to which appro-	ugd copy of this form is to be sent)					
	i -		D. O. D. O. O. C. C. C.	land					
	Mobil Pipe Line Com		P. O. BOX 900 Dall	as, Texas 75221					
	Name of Authorized Transporter of Cas		Address (Give address to which approx	,					
	Watren Petroleum Com	rporation	P. O. Box 1589 Tul	sa, Oklahoma 74100					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe						
	give location of tanks.	G 6 9S 36E	NO	approx. 45 days					
				approx: 45 days					
		th that from any other lease or pool,	give commingling order number:						
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completion	on - (X)		Plug Back Same Res'v. Diff. Res'v.					
		XX	XX						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	9-28-68	11-3-68	9885'	9875'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Undeisgnated	Bough "C"	9820	9828'					
	Perforations			Depth Casing Shoe					
	0050 701	/2 TCDE							
9858-70' w/2JSPF			9818'						
			ND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	17 1/2"	12 3/4"	370'	375 sx					
	11"	8 5/8"	4088'	400 sx					
	7 7/8"	5 1/2"	9885'	300 sx					
			1	300 011					
,	TEST DATA AND DESCRIPTION	OD ATTOWARTS of		1					
•	TEST DATA AND REQUEST FO	JR ALLOWADLE (Lest must be a) able for this de	iter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-					
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
				i, eic.)					
- 1	11-6-68	11-7-68	Pump						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	24 hrs.								
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
	747 bbls.	187	560	348					
'		<u> </u>							
	GAS WELL								
(Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	C					
Ì	Actual Float Tost-MOF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
ı	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size					
- [
I.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION 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.			APPROVED						
						BY THE YAR	BY TO Stanis		
			TITLE	CIW					
			This form is to be filed in compliance with RULE 1104.						
			-	W/IIIIIII		If this is a request for allow	able for a newly drilled or deepened		
				(Signa			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Production Superint	endent	All sections of this form must be filled out completely for allowable on new and recompleted wells.						
-	(Tite								
	11-20-68	ļ!							
•	(Da	(e)	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.						
	(1	· · · · · · · · · · · · · · · · · · ·	-					

Separate Forms C-104 must be filed for each pool in multiply completed wells.