NO. OF COPIES RECE	IVED					
DISTRIBUTIO			N			
SANTA FE						
FILE						
U.S.G.S.			Αl	JTH	ORI	
LAND OFFICE						
TRANSPORTER	OIL G A S					
OPERATOR						
PRORATION OFF	ICE					
Operator						
BTA Oil	L Prod	ucers				
104 Sou Reason(s) for filing (ith Pe	cos, l	Midla	nd,	Те	
New Well			Cho	mge	in Tr	
Recompletion			Oil			
Change in Ownership			Cas	ingh	ead (
DESCRIPTION OF Lease Name Davis 687 I Location Unit Letter D	Ltd.	N	L• M-070 <u>:</u> 0Fe			
Line of Section	9		nship	9-		
Mobil Pipe Name of Authorized To	Transporte Line Transporte	CO.	inghead (or	Cond	
If well produces oil o			Unit	Se	c.	
give location of tanks			D_	1	9	
If this production is COMPLETION DA	comming	led with	h that fr	om s	ny c	
Designate Type		npletio	n – (X)	1	011 (
Date Spudded			Date Co	mpl.	Read	
Elevations (DF, RKB	, RT, GR,	etc.j	Name of	Pro	ducin	
Perforations			<u> </u>			
					TUE	

(Title) February 24, 1969

IEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE								AND			L.He	ctive 1-1-62		
U.S.G.S.				AUT	THORIZ	ZATIO	N TO TRA	NSPORT	OIL AND, N	ATURAL (SAS			
LAND OFFICE	1										}			
TRANSPORTER	OIL										,			
OPERATOR	GAS													
PROBATION OF	FICE													
Operator		<u> </u>	1											
BTA Of	il Pro	duc	ers											
Address									72		***			
				Midland	l, Tex	cas 7º	9701							
Reason(s) for filing	(Check p	roper	box)						Other (Please	explain)				
New Well					ge in Tra	nsporter								
Recompletion	_			011	-Ld C	_ 	Dry Go							
Change in Ownershi	PL			————	ighead Go	18	Conde	asate						
If change of owner														
and address of pre-	vious ov	vner _												
DESCRIPTION O	F WEL	J. Al	ND I	EASE										
Lease Name				Leas	e No.	Well N	Vo. Pool No	me, Includir	g Formation		Kind of Lea	se		
Davis 687	Ltd.		Nì	M-07051	17	1	Midd	Le Alli	son Penn		State, Feder	al or Fee Fe	deral	
Location														
Unit Letter I)	. ;	660	O Feet	From Th	ne <u>No</u>	rth Lir	ie and	660	Feet From	The W	lest		
	_							- /			_			
Line of Section	_9		Tow	nship C	<u>-s</u>		Range	36 – E	, NMPM,		Lea		County	
DECICNATION O	AT OTT A	NCT	ODT	ED OF (NT 480	D NAT	CTIDAT C							
Name of Authorized					or Conde		TURAL GA	Address (Give address to	which appro	ved copy of thi	s form is to b	e sent)	
Mobil Pi	_					_	_	Box 90	OO, Dalla:	a. Texas	75221			
Name of Authorized	Transpo	rter of	Casi	Inghead Ga	s 🔀	or Dry	Gas [Address (Give address to	which appro	ved copy of thi	is form is to b	e sent)	
Warren	Pet	المصط	leu	m C	OFP			Box	1589.7	ulsa.	OKlahom	a 74	100	
If well produces oil				Unit	Sec.	Twp.	F.ge.	Is gas act	tually connected	1? Wh	en			
give location of tan		-			9	9	: 36		15 <i>89,7</i> tually connected NO	a	PPTOX	45 de	2/5	
If this production i	s commi	ngled	with	n that from	n any ot	her lea	se or pool,				• •			
COMPLETION D											Diva Back	Cama Basty	TDiff. Res'v.	
Designate Ty	pe of C	ompl	etio	a = (X)	O11 W	911	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res V.	Din. nes-v.	
Date Spudded				Date Comp	ol Beady	to Pro		Total Der	<u> </u>	<u> </u>	P.B.T.D.	<u></u>	<u> </u>	
Date Spaaded				Date Com	pr. Meday	10 110	.	lotal Boy				F.B.1.D.		
Elevations (DF, RK	B. RT. G	R. et		Name of P	roducing	Format	ion	Top Oil/C	Gas Pay		Tubing Dept	Tubing Depth		
	_,, c	., .,	.,											
Perforations											Depth Casin	g Shoe		
					TUBI	NG, C	ASING, AN	CEMENT	ING RECORE)				
HOLE	SIZE			CAS	ING & T	rubino	SIZE		DEPTH SE	Т	SA	CKS CEME	<u>4T </u>	
								 						
THE COLUMN AND AND	D DEO			D ATTO	WADI	F (T-		.l	y of total volum	a of load oil	and must be se	rual to or era	eed top allow-	
TEST DATA AN	D KEQ	UESI	ro	R ALLU	WADLE	abi	st must be a le for this de	pter recover opth or be fo	r full 24 hours)	ie of toda ott	ana musi be eq	that to or exc	eed top attow-	
Date First New Oil	Run To	Tank s		Date of To	est			Producing	Method (Flow,	pump, gas li	ft, etc.)			
Length of Test	-			Tubing Pressure		Casing Pressure			Choke Size					
Actual Prod. During	Test			Oil-Bbls.			Water-Bbls.			Gas-MCF				
								<u> </u>			1			
GAS WELL Actual Prod. Test-	MCEAD			Length of	Test			Bhia. Cor	ndensate/MMCF		Gravity of C	condensate		
Actual Pioa. 1081-	MCF/D			Length of Test		Bots. Condensate/MMCF			diavity of condensate					
Testing Method (pi	tot, back	pr.)		Tubing Pressure		Casing Pressure		Choke Size	Choke Size					
CERTIFICATE	OF CO	MDI I	ANC	1E					OIL C	ONSERVA	TION CON	MISSION		
CERTIFICATE	or cor	W.F.L.I	MIL	/E					\frown	(3)				
I hereby certify th	at the r	iles s	nd re	egulations	of the	Oil Co	nservation	APPRO	o∧≰□	A^{-1}	3 1	<u>969_, 19</u>)	
Commission have	been co	ilama	ed w	ith and th	hat the	informa	ition given		100	A B	Darie of			
above is true and	comple	te to	the	best of t	my know	iledge i	and belief.	BY	1400	-V-f	Millery.			
					TITLE SUPERVISOR POST V									
							in farm in to	he filed !-	compliance "	ith our = *	104			
(do the						This form is to be filed in compliance with RULE 1104.								
(Signature)						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								
Production Supt.						tests taken on the well in accordance with RULE 111.								
(Title)							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.