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EW MEXICO OIL CONSERVATION COMMISSIC. REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	1												
TRANSPORTER	OIL	-											
OPERATOR	GAS	+ +											
PRORATION OF	ICE	 -											
Operator		l											
BTA Oi	1 Pro	oduc	cers							·			
104 So	uth I	Pecc	os, l	Mid	land	, Tex	as 797	701					
Reason(s) for filing									Other (Please	explain)			
New Well	X			Cha	nge in T	'ransporter	of:						
Recompletion	Щ			Oil			Dry Gas	,				İ	
Change in Ownership	<u> </u>			Cas	inghead	Gas	Conden	sate					
If change of owners and address of prev			e										
DESCRIPTION O	F WEL	L AN	ID LE			 		TIT.			//	· ,	
Lease Name	06 7			Lec	se No.	· _		g Formation	111	Kind of Lease State, Federal or F	ee Hodowal		
Oliver 6	80 T	ta.				1	Midd.	Le All	ison Pe	nn //	K-3758'	Federal	
	I		100	O -		SO	11+b \ (\(\lambda \)	E LENN	6668 1172	n R-3818	East		
Unit Letter		· ; —	100	Fee	et From	The DO	Line	and		_reetrom t	ne		
Line of Section	8		Townsh	.ip	9-s		Range 36	5-E	, NMPM,	Le	ea	County	
DESIGNATION O								S Address ((Give address to	which approv	ed copy of this form	is to be sent)	
The Permian Corp. (trucks)								Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum								Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.			Un	Unit Sec. T			Rge.	Is gas actually connected? Wh		d? Whe			
If this production is	commi	ngled	with th			other lead							
COMPLETION D	ATA_				011	Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'y.	
Designate Typ	e of C	omple	etion -	- (X)	X	x		XX		!			
Date Spudded 12-12-68					mpl. Red -27-	idy to Prod	d.	Total Dept	9866 '		P.B.T.D. 9866	,	
Elevations (DF, RKI		P ata	No			ng Format	ion	Top Oil/G			Tubing Depth		
4088	.,		Penn			9838'			9804 '				
Perforations 9844-54', 9860-64'								9866'				I	
					TU	BING, CA	ASING, AND	CEMENT	ING RECOR	<u> </u>	1		
HOLE	SIZE					TUBING	SIZE		DEPTH SE	<u>. T</u>		CEMENT	
17-1/2"					<u>12-3</u>			375'		375 SX (Circ.) 400 SX			
11"					8-5 5-1			4112			300 SX		
7-7/8"					5-1	/2"			9870 '		300	5X	
TEST DATA ANI	D REQ	UEST	FOR	ALL	OWABI	LE (Te	st must be af le for this de	ter recovery	y of total volum r full 24 hours,	ne of load oil a	ind must be equal to	or exceed top allow-	
OIL WELL Date First New Oil	Run To	Tanks	Do	ite of	Test					, pump, gas lift	t, etc.)		
1-27-6					1-29	-69		P	ump				
Length of Test	<i></i>		Tu		Pressure			Casing Pr			Choke Size		
24 н	rs.				_				_		-		
Actual Prod. During	Test		01	l-Bbl	8.			Water - Bb			Gas-MCF		
1374_					29	4			1080		200		
Actual Prod. Test-	Le	ngth (of Test		<u> </u>	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pit	ing Method (pitot, back pr.) Tubing Pressure					Casing Pressure			Choke Size				
CERTIFICATE O	DE CON	ADI I	ANCE						OIL C	ONSERVA	TIỔN COMMISS		
OLMINICALE (1.1/	LIVE					-					
I hereby certify the	at the ru	iles a	nd regu	lation	s of th	e Oil Co	nservation	APPRO	>∨ ₽ D	0	$\overline{}$, 19	
Commission have above is true and	been co	mplie	d with	and	that th	e informa	ition given	BY	XH CX	VATA	ares		
whose is time and	combre	t a (0	me De	at Of	шу кпо	-uteake (Dellel.		11	- J- 44			
			- ,					TITUE					
								This form is to be filed in compliance with RULE 1104.					
1 25/1/2								If this is a request for allowable for a newly drilled or deepened.					
(Signature)								well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
Production Supt.								A11	All sections of this form must be filled out completely for allow-				
(Title)								able on new and recompleted wells.					
February 4, 1969								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.					
			(Date)					Se	me or number parate Forms red wells.	C-104 must	be filed for each	h pool in multiply.	