	NO. OF COPIES REC	Ì		
	DISTRIBUTIO			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
ı.	PRORATION OFFICE			
	Operator			

II.

II.

V.

v.

DISTRIBUTION	.W MEXICO OIL. CONSERVATION COMMISSIC Form		Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS	
LAND OFFICE			· · · ·	
TRANSPORTER OIL				
GAS	-			
OPERATOR	-			
PRORATION OFFICE Operator				
BTA Oil Produce	rs			
104 South Pecos	, Midland, Texas 79	701	İ	
Reason(s) for filing (Check proper box)		Other (Please explain)		
New We!l	Change in Transporter of:	neetime ein		
Recompletion	Oil X Dry Gas	$_{ extsf{s}}$ \square Effective fir	st runs.	
Change in Ownership	Casinghead Gas Conden	nsate		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND I		me, Including Formation	Kind of Lease	
L.C.H. 689 Ltd.		agley Lower Penn ext	1	
Location	OG 3337 1 NO.D	agrey hower remi exe	, state, i sucha cr. so Deale	
	80 Feet From The North Line	1980	West	
Unit Letter ;;	Feet From The Line	e and Feet From 1	The	
Line of Section 31 Tow	waship 11-S Range 33	-E , NMPM, Lea	County	
Line of Section C = 10%	Trange	, More to,	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Oil		Address (Give address to which approx	ed copy of this form is to be sent)	
The Permian Corpora	tion (trucks)	P. O. Box 3119, Mid	lland, Texas 79701	
Name of Authorized Transporter of Cas		Address (Give address to which approx	ved copy of this form is to be sent)	
Warren Petroleum Co	rp.	P. O. Box 1589, Tul	.sa, Oklahoma 74100	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	חיים	
give location of tanks.	F 31 11 33	No	Approx. 45 days.	
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
COMPLETION DATA				
Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
		<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Flourities /DE BKD DT CD	Name of Books (- Floor Mary)	The Oil (Can Day)	Tubles Doods	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation'	Top Oil/Gas Pay	Tubing Depth	
Perforations	L		Depth Casing Shoe	
1 010101010			Japan sasang sasa	
	TURING CASING AND	CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLL SIZE	CASING & FORMO SIZZ		OKOKO OZIMZIVI	
		1	+	
TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be at	fter recovery of total volume of land oil	and must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours)	mate be equal to or exceed top arrow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)	
		<u> </u>		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gan-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	-	0-1	0)-1-0	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	<u> </u>			
CERTIFICATE OF COMPLIANC	CE CE	OIL CONSERVA	TION COMMISSION	
		APPROVED		
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED, 19		
Commission have been complied washove is true and complete to the	to and that the information given best of my knowledge and belief.	BY WE	nes	
•		200000000000000000000000000000000000000		
	l de la companya de	TITLE	The sales of the s	
111A	- -	This form is to be filed in compliance with RULE 1104.		
1 5511 (Jac		If this is a request for allowable for a newly drilled or deepened.		
(Signo	•	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviation dance with RULE 111.	
Production Sup			at be filled out completely for allow-	
(Tie		able on new and recompleted we	iis.	

April 7, 1969 (Date)

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.