NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			<u> </u>
LAND OFFICE		L	<u> </u>
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

ı	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104							
	SANTA FE	REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65						
	FILE							
i	U.S.G.S.	AND OFFICE AND OFFICE OIL						
	LAND OFFICE							
	TRANSPORTER OIL							
	GAS							
	OPERATOR '							
1.	PRORATION OFFICE	TION OFFICE						
	Operator							
	BTA Oil Producers	5						
	Address	w: 33 3 - m 707	0.1					
		104 South Pecos, Midland, Texas 79701						
	Reason(s) for filing (Check proper box)	i de la companya de						
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas						
İ	Change in Ownership	hange in Ownership Casinghead Gas Condensate						
	If change of ownership give name							
	and address of previous owner	f th commit						
	DESCRIPTION OF WELL AND LEASE UNDESCRIPTION OF WELL AND LEASE							
щ.	Lease Name	Well No. Pool Name, Including Fo	rmation K	nd of Lease	Lease No.			
	L.C.H. 689 Ltd.	1 North Bagley	Lower/	nte, Federal or Fee St	tate OG-5337			
	Location		wer Frinsylvan	a ri				
	F 19	80 Feet From The North Line		Feet From The West	E .			
	Unit Letter;19	Feet From The HOLDIT Line	and	eet I tom The				
	Line of Section 31 Town	nship 11-S Range 33	-E , NMPM,	Lea	County			
	Line of Section 31	1011p = 1 0 1111q		 				
Ш	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S					
114.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	hich approved copy of t	his form is to be sent)			
	1		P. O. Box 311	, Midland, S	Texas 79701			
	Name of Authorized Transporter of Cas		Address (Give address to	which approved copy of t	his form is to be sent)			
	Warren Petroleum C		P. O. Box 158	Tulsa, Ok	lahoma 74100			
		Unit Sec. Twp. Rge.	Is gas actually connected					
	If well produces oil or liquids, give location of tanks.	F 31 11 33	No	Appro	x. 45-days.			
	L	t that from any other lease or pool	give commingling order t	ımber:				
IV	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	Rive committed order i					
IV.		Oil Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v. Diff. Res'v.			
	Designate Type of Completio	$\mathbf{n} - (\mathbf{X})$ XX	XX	į				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	1-27-69	3-26-69	10,355'	10,	352'			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing De	pth			
	4216' K.B	Strawn	10,178'	10,	10,226'			
	Perforations	1220 1421			Depth Casing Shoe			
	10.256' - 10	10,256' - 10,334'						
	20,200	TUBING, CASING, AND CEMENTING RECORD						
					SACKS CEMENT			
	17-1/2"	12-3/4"	3821		375 sx. (Circ)			
	11"	8-5/8"	3725		400 sx.			
	7-7/8"	5-1/2"	10355		400 sx.			
				<u> </u>				
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-							
•	OIL WELL	able for this de	pen or on jor juli 24 nours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	sump, gas tift, etc./				
	3-26-69			Choke Siz				
	Length of Test	Tubing Pressure	Casing Pressure	Chore Siz	•_			
	24 hrs.		Water - Bbls.	Gas - MCF				
	Actual Prod. During Test	Oil · Bbls.	680	Gallamor	222			
	865	185						
	GAS WELL	1	Bbls. Condensate/MMCF	Complex	(Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bote. Condensate/MMCF	Gravity of	Connected			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	R) Choke Siz				
	Testing Method (pitot, back pr.)	I doing Pressure (Shife-In)	000000					
			<u> </u>	NICEDIATION OF				
VI	. CERTIFICATE OF COMPLIAN	CE		INSERVATION CO				
			APPROVED A		්ටර් <u>ජ්</u> . 19			
	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.			BY	BY John W. Rungan				
			!!					
	000	TITLE	TITLE					
	1/2	This form is to	This form is to be filed in compliance with RULE 1104.					
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		To abic to a comm	at for allowable for a	newly drilled or deepened			
	(Sign	(Signature) well, this form must be accompanied by a tabulation of the deviation of the deviation of the deviation of the state on the well in accordance with RULE 111.						
	Drilling Manager All sections of this form must be filled out completely for all				d out completely for allow-			
(Title) able on new and recompleted wells.								
- 11 1 1060			Fill out only 9	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.				
			Canasata Forms C-104 must be filed for each pool is multiply					