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DISTRIBUTI	ON		$\overline{\Box}$
SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
PRORATION OFFICE			

NO. OF COPIES RECEIVED			
DISTRIBUTION	1	CONSERVATION COMMISSION FOR ALLOWABLE Supersedes Old C-104 and C	
SANTA FE			
FILE	REQUES		
U.S.G.S.	AUTUODIT	AND Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TR	HORIZATION TO TRANSPORT OIL AND NATURAL GAS	
VIDALIS OIL		**	
TRANSPORTER GAS			
OPERATOR	 		
PRORATION OFFICE	 - 		
Operator			
BTA OIL PRODUC	CERS		
Address			
104 South Pecc	s Street, Midland, Texas 7	79701	
Reason(s) for filing (Check prope	r box)	Other (Please explain)	
New Well	Change in Transporter of:	Company (1. 155210 explain)	
Recompletion	Oil Dry C	Gas 🗔	
Change in Ownership	Casinghead Gas Cond	lensate	
		/	
If change of ownership give na and address of previous owner	ne		1
and address of previous owner			·
. DESCRIPTION OF WELL A	ND I CASE	/	
Lease Name	Well No.: Pool Name, Including	Formation Kind of Lease	L L area No
Capitan 687 Lt	d. 2 Undesignated	Penn A-35/9 State, Federal or	Fee State OG-5332
Location		Jenny 100 January 100	50400 04-7332
Т.	1980 South	660	Most
Unit Letter;	1980 Feet From The South L	ine and DOU Feet From The	West
Line of Section 2	0.0	35_F	
Line of Section 2	Township 9-5 Range	35-Е , ммрм, Lea	County
DESIGNATION OF TRANSP			
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL G		
The Permian Corporat	-	Address (Give address to which approved	-
Name of Authorized Transporter of		P. O. Box 3119, Midland,	
Warren Petroleum Cor		Address (Give address to which approved	
wallen letioleum cor		P. O. Box 1589, Tulsa, O	klahoma 74100
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	
give location of tanks.	L 2 9 35	No App	rox. 45 days
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepen P	ug Back Same Restv. Diff. Restv.
Designate Type of Compl	etion – (X) XX	XX	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	B.T.D.
1-31-69	3-16-69	98401	9835 '
Elevations (DF, RKB, RT, GR, etc.	.j Name of Producing Formation	Top Oil/Gas Pay To	ubing Depth
4166 K.B.	Bough "C"	98021	9787'
Perforations		Depth Casing Shoe	
9806-:	26' w/2 JSPF		9840'
	TUBING CASING AN	D CEMENTING RECORD	7010
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	375'	SACKS CEMENT
11 "	8-5/8"		375 sx (circ)
7-7/8"	5-1/2"	4055'	400 sx
1=1/0	2-1/2	9840'	300 sx
L	L_	<u> </u>	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil and	must be equal to or exceed top allow
OIL WELL		epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et	c.)
3-16-69	3–19–69	Pump	
Length of Test	Tubing Pressure	Casing Pressure Ch	oke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bble. Ga	-MCF
1701	291	1410	133
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gre	wity of Condensate
			· -
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Ch	oke Size
- •	,		
CERTIFICATE OF COURT	NOE		
CERTIFICATE OF COMPLIA	utce.	OIL CONSERVATION	ON COMMISSION
		1 400000	() 3
indices county that the faces and reflections of the Ott Conscitution		, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY MICH WALLES	
sort to the end complete to the best of my knowledge and belief.		BY A CONTRACTOR	
		TITLE	
2,71	- /		
(My Finne	in -	This form is to be filed in compl	
(Signature)		If this is a request for allowable	for a newly drilled or deepened
10.	engtura i	well, this form must be accompanied	

Drilling Manager (Title)

(Date)

March 20, 1969

tests taken on the well in accordance with RULE 111.

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.