NO. OF COPIES REC	EIVED		
DISTRIBUTION		I	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

April 11,

1969 (Date)

	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104			
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-116			
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	U.S.G.S.						
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND MATURAL GAS					
	OIL						
	TRANSPORTER GAS	╡					
	OPERATOR	┥					
I.	PRORATION OFFICE Operator						
		•					
	BTA Oil Pro	ducers					
	Address						
	104 So. Pec	o s, Midland, Texas 7	79701				
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New We!l X Change in Transporter of:						
	Recompletion	OII Dry Ga					
							
l	Change in Ownership	Casinghead Gas Conden	isdie				
	Makes of averaging give node						
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND LEASE							
	Lease Name Well No. Pool Name, Including Formation Kind of Lease No.						
	Intex 692 Ltd.	l Vada-Penn	State, Federa	lor Fee Fee			
	Location	stana-tennsylve	anian R-3780				
	7 100	, , , ,		7.7 I			
	Unit Letter L ; 198	30 Feet From The South Lin	e and 660 Feet From 1	rhe West			
	_						
	Line of Section 8 To	waship $9-S$ Range 3	5-E , NMPM,	Lea County			
П.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is				
	Name of Authorized Transporter of Oi	1 🔀 or Condensate 🗌	Address (Give address to which approx	ped copy of this form is to be sent)			
	l Dan American (Music	ale a \	Box 3119, Midland,	Texas 79701			
	Pan American (Truc Name of Authorized Transporter of Ca	or Dry Gas	Address (Give address to which approx				
	Warren Petroleum (
	warren recroredii (Box 1589, Tulsa, Ok				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	, -	1			
	give location of tanks.	<u> L </u>	. No F	Approx. 45 days			
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA	• •					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completi	on $-(X)$ XX	XX				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	2-23-69	4-4-69	9835'	9834'			
·			Top Oil/Gas Pay	Tubing Depth			
	1= 1, 111=2, 111, 111, 111, 111, 111, 11		1	9752'			
	4203' K.B. Bough "C"		9788'				
	Perforations			Depth Casing Shoe			
	9798-98	818 '		9835'			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	175"	12-3/4"	385'	375 sx (Circ.)			
	11"	8-5/8"	4011'	400 sx			
		515"	9835'	300 sx			
	7-7/8"	53"	9835	300 SX			
į		<u>. </u>	<u> </u>	·			
V.	TEST DATA AND REQUEST F	'OR ALLOWABLE (Test must be a)		and must be equal to or exceed top allow-			
OIL WELL able for this depth or be for full 24 hours)							
Date First New Oil Run To Tanks Date of		Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)			
	4-4-69	4-9-69	Pump				
	4-4-69 Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hrs	_	_				
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
		60	1520	41			
ļ	1580	1 60	1520	<u> </u>			
	GAS WELL		I av				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
j							
UT I	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COURT LANCE		TION COMMISSION			
4 1.	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED APPROVED 19				
			and ha				
			TITUE SUPER SOR IN				
			This form is to be filed in compliance with RULE 1104.				
			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 tests taken on the well in accordance with RULE 111.				
(Tiela)			All sections of this form must be filled out completely for allow-				

All sections of this form must be inited 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