NO. OF COPIES REC	EIVED	
DISTRIBUT	ON	
SANTA FE		
FILE U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
O		

NEW MEXICO OIL CONSERVATION COMMISSION

-	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104						
-	SANTA FE	REQUEST	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
-	FILE		AND							
ŀ	U.S.G.S.	AUTHORIZATION TOUTRAN	ISPORT OIL, AND NATURAL GA	15						
ŀ	LAND OFFICE OIL		2 53 111 03	•						
- 1	TRANSPORTER GAS									
}	OPERATOR									
1.	PRORATION OFFICE									
*	Operator									
	BTA Oil Produc	cers								
ı	Address									
	104 South Peco	os, Midland, Texas 7	79701							
Ī	Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well Change in Transporter of:									
	Recompletion	Oil A Dry Gds	<u> </u>							
l	Change in Ownership Casinghead Gas Condensate									
;	If change of ownership give name									
	and address of previous owner									
**	I. DESCRIPTION OF WELL AND LEASE									
••· ¡	Lease Name	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.						
	Barnes 687 Ltd.	1 Middle Alliso	on Penn Ext. State, Federal	or Fee _						
	Location									
	Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East									
	Line of Section 7 Tow	nship 9-S Range 36	5-Е , ммрм, Lea	County						
		ODD OF OUR AND NATURAL CAS								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent				ed copy of this form is to be sent)						
	Mobil Pipe Line Co.		P. O. Box 900, Dalla Address (Give address to which approve	as, Texas 75221						
	Name of Authorized Transporter of Cas	Inghead Gas 🔀 or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)						
	Warren Petroleum Co		Box 1589, Tulsa, Ol	klahoma 74100						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n						
	give location of tanks.	I 7 9 36								
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:							
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completio		1							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Date Spudded	,								
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations			Depth Casing Shoe						
			CEMENTING RECORD DEPTH SET	SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH 321							
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 all the for this depth or be for full 24 hours)										
•	OIL WELL	2010 /0 1111	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t. etc.)						
	Date First New Oil Run To Tanks	Date of Test	producing Method (1-100, pamp, got to							
		Daniel Da	Casing Fressure	Choke Size						
	Length of Test	Tubing Pressure								
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF						
	Votrat Line Samid 144									
	GAS WELL			Gravity of Condensate						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grantly or Commensate						
			Casing Pressure (Shut-in)	Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure Comments							
			- OIL CONSERVA	TION COMMISSION						
VI	I. CERTIFICATE OF COMPLIAN	ICE		3 1969						
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 PROVED 15								
						Confedence Supt.		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened by a tabulation of the deviation		
	well, this form must be accompanied by a tests taken on the well in accordance with RULE 111.									
(Title) July 1, 1969		able on new and recompleted wells.								
		Fill out only Sections I.	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.							
(bate)			haparate Forms C-104 must be filled for each pool in multiply							
			i completed wells.							