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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR AL	LOWABLE	US 0. C. C.	Sup Effe	ersedes Old ( octive 1-1-65	C-104 and C-11								
	u.s.g.s.	AND AND MATURAL GAS														
	LAND OFFICE		OK	ALE VIEW D	D. HU.L.	773										
	TRANSPORTER GAS	-														
	OPERATOR GAS	-														
I.	PRORATION OFFICE															
	Operator															
	BTA Oil Produce	ers														
	104 South Pecos	s, Midland, Texas 7	9701													
	Reason(s) for filing (Check proper box,		<del></del> _	Other (Please	explain)		<del></del>									
	New Well X	Change in Transporter of:														
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conder	=													
i	onange in Ownership	Cusinghed Ga Conde	nsate													
	If change of ownership give name and address of previous owner			•				طو <sub>ي</sub> مي								
	•			1. 1		1		-1								
II.	DESCRIPTION OF WELL AND DESCRI	Well No. Pool Name, Including F	ormation	Ti	Kind of Lease			1								
	Barnes 687 Ltd.	1 Jugarignate	Yl bani	6. M	State, Federal	_	'ee	Lease No.								
	Location					<u>.</u>										
	Unit Letter I ; 198	30 Feet From The South Lin	e and	660	_ Feet From T	he Eas	t									
	Line of Section 7 Tow	washin Q-C	6 _ T	A 44 pm-	-											
1	Life of Section / Tow	vnship 9—S Range 3	6-E	, NMPM,	Lea		· · · · · · · · · · · · · · · · · · ·	County .								
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s													
	Name of Authorized Transporter of Oil	or Condensate	Address (	Give address to				·								
	The Permian Corp.  Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Box 3	119, Mic	lland,	rexas	79701	he sens!								
	Warren Petroleum (		i	589, Tu]				re sent/								
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		tually connected			74100									
	give location of tanks.	I 7 9 36	<u></u>	No	A	oprox.	45 days	5.								
		th that from any other lease or pool,	give com	ningling order	number:											
۱۷.	COMPLETION DATA	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Res'v.								
	Designate Type of Completio	m - (X) XX	XX	1	!	! !		!								
	Date Spudded	Date Compl. Ready to Prod.	Total Der	oth		P.B.T.D.										
-	5-15-69	6-22-69	T	9810'			806'									
	Elevations (DF, RKB, RT, GR, etc.; 4108 K.B.	Name of Producing Formation	Top O11/0	9756 <b>'</b>		Tubing Dept										
	Perforations	Bough "C"		3/30		9798 Depth Casing Shoe										
	9761-73'					. 9	810 <b>'</b>									
	TUBING, CASING, AN															
-	HOLE SIZE 17-1/2"	CASING & TUBING SIZE		DEPTH SET			CKS CEME	VT								
}	11"	12 <b>-</b> 3/4" 8-5/8"		375 <u>'</u> 4100'			375 sx 400 sx									
-	7-7/8"	5-1/2"		9810'			400 sx 300 sx									
	TEST DATA AND REQUEST FO				of load oil a	nd must be eq	ual to or exc	eed top allow-								
	OIL WELL Date First New Oil Run To Tanks	able for this de		Method (Flow,	pump, gas lift	, etc.)		7								
	6-22-69	6-23-69		•	ump	- • · · · •		}								
	Length of Test	Tubing Pressure	Casing Pressure		±	Choke Size										
-	24 Hrs.	Oil-Bble.	Wester Di			Carellan	_									
		1260		Gas-MCF												
L	#3 <del>40</del>	200	l	1200			245									
_	GAS WELL		· · · · · · · · · · · · · · · · · · ·													
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Con	densate/MMCF		Gravity of C	ondensate									
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casina Pa	essure (Shut-i	, (4	Choke Size										
	m-man (hmos) amou hus)	( DUME-TH	Canally Pr		_,	CHORA SIZE		į								
/I. (	CERTIFICATE OF COMPLIANC	CE .		OIL CO	NSERVA	TION COM	MISSION									
- CLIVIA ACIDE OF COME DEFENCE			(	1 Isila		0										
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				APPROVED 19 19												
				TITLE SALL												
				Drilling Manager (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 well, this form must be accompanied by a tabulation of the deviation 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.									
-	June 23,	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.														
	(Dat		Separate Forms C-104 must be filed for each pool in multiply													