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

I.

SANTA FE	NEW MEXIC	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST: FOR ALLOWABLE C Supersedes Old C-104 and C-1	
FILE		AND	
LAND OFFICE	AUTHORIZATION	TO TRANSHORT OIL AMPHATUI	RAL GAS
TRANSPORTER OIL		33	
GAS			
PRORATION OFFICE			N. Carlotte and Ca
Operator	······································		
BTA Oil Produ	cers		
104 South Pec Reason(s) for filing (Check proper	os, Midland, Texa	1S 79701 Other (Please explain	n)
New Well	Change in Transporter of	ļ , , , , , , , , , , , , , , , , , , ,	*
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas Condensate	
If change of ownership give name	•		
DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name, In		f Lease Lease No.
Cities 688 Lt	d. l Undes	signated-Penn State,	Federal or Fee Federal 071549
Unit Letter A ; 6	60 Feet From The Nort	th Line and 660 Feet	From The <u>East</u>
Line of Section 10	Township 9-S R	ange 35-E , NMPM,	Lea County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATU		
Name of Authorized Transporter of Mobil Pipe Li			approved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas XX or Dry Gas	Box 900, Dallas, Address (Give address to which	Texas /5221 approved copy of this form is to be sent)
	eum Corporation	Box 1589, Tulsa, Rge. Is gas actually connected?	Oklahoma 74100
If well produces oil or liquids, give location of tanks.	A 10 9	35 No	Approx. 45 days
f this production is commingled COMPLETION DATA		or pool, give commingling order numbe	
Designate Type of Comple	tion - (X)	s Well Workover Deep	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	THRING CASE	NC. AND CEMENTING DECORD	
HOLE SIZE	CASING & TUBING S	NG, AND CEMENTING RECORD IZE DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST OIL WELL		must be after recovery of total volume of lo or this depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
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
CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION
hereby certify that the rules an	d regulations of the Oil Conse	APPROVED	AUG 29 1969, 19
Commission have been complied bove is true and complete to t	with and that the information	n given	Amy
•			SOR DISTRICT
·		11/9=	d in compliance with RULE 1104.
A. S. Ale	y for	If this is a request for	allowable for a newly drilled or deepened
		well, this form must be acc	companied by a tabulation of the deviation accordance with RULE 111.
Production S	Supt. ride)	All sections of this for	rm must be filled out completely for allow-
·	.969	able on new and recomplet Fill out only Sections	I. II. III. and VI for changes of owner,
	Date)	well name or number, or tra-	apporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.