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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator BTA Oil Producers		
Address 104 S. Pecos. Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	DESIGNATED BELOW. IF YOU DO NOT CONCUR
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	NOTIFY THIS OFFICE. R-3911
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hugo 693 Ltd.	Well No. 2	Pool Name, including Formation Vada-Penn Here	Kind of Lease State, Federal or Fee	Lease No. N/A
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 15 Township 9-S Range 35-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline Company	Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.	Box 1589, Tulsa, Okla. 74100	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15
	Twp. 9	Rge. 35
	Is gas actually connected? Yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-18-69	Date Compl. Ready to Prod.		Total Depth 9816'		P.B.T.D. 9809'			
Elevations (DF, RKB, RT, GR, etc.) 4155 G.L.	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9780'		Tubing Depth 9732'			
Perforations 9782-94'					Depth Casing Shoe 9816'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	376'	375 sx (circ)
11"	8 5/8"	4080'	400 sx
7 7/8"	5 1/2"	9816'	300 sx

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-14-69	Date of Test 12-15-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 480	Casing Pressure Pkr	Choke Size 14/64
Actual Prod. During Test 482	Oil-Bbls. 157	Water-Bbls. 325	Gas-MCF 201

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 COMPLIANCE

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.

Production Manager

12-19-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR

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.

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.