NO. OF COPIES RECEIVED		ONSERVATION COMMISSION	Form C-104
SANTA FE	_ REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.		AND INSPORT OIL AND NATURAL G	24
LAND OFFICE		INSPORT OF AND NATURAL G	
TRANSPORTER OIL GAS			
PRORATION OFFICE	-		
Operator	J		
BTA Oil Produ Address	lcers		
104 South Pec		15 79701 Other (Please explain)	
Reason(s) for filing (Check proper box New Well X	) Change in Transporter of:	The three explain)	
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas Conder		
If change of ownership give name		<u></u>	
and address of previous owner	LEASE		
Lease Name	Well No. Pool Name, Including F		-
695 Ltd. Star	l Vada-Penn	K-39-9 State, Foderal	or Fee Federal NM-1539
Unit Letter F; 2130	Feet From The North_Lin	e and <u>1980</u> Feet From T	The West
Line of Section 4 To	wnship 9-5 Range 3	5-E , NMPM, Lea	County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)
Mobil Oil Corp. (t	Mobil Oil Corp. (trucks) Box 900 Dallas. T   Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appr		exas 75221 ed copy of this form is to be sent)
		Box 1589 Tulsa. Oklahoma 74100	
Warren Pet. Corp. Unit Sec. Twp. Ege.		Is gas actually connected? When	
If well produces cil or liquids, give location of tanks.	F 4 9-S 35-E	No Ar	prox. 45 days
If this production is commingled wi IV. COMPLETION DATA	th that from any other lease or pool, Οιι Well Gαs Well	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion	on = (X) XX	xx	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-14-70	4-13-70 Name of Producing Formation	9795 Top Oll/Gas Pay	9793 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Bough "C"	9755	9770
4193 GL	Bough		Depth Casing Shoe
9762-82 w/2 SPF			9795
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	<u> DEPTH SET</u> 364 '	400 sx (circulated
11"	8 5/8"	4030'	400 <u>sx</u> (circurated
7 7/8"	5 1/2"	9795'	300 sx
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil ( pth or be for full 24 hours)	i and must be equal to or exceed top allou
OIL WELL Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	
4-25-70	4-26-70	Pump	
Length of Trat	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		Water-Bbls.	Gas - MCF
Actual Prod. During Test 1375	оп-вы». 275	1100	226
1375	275		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			TION COMMISSION
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION	
		APPROVED	<b>D</b> 101 <b>E</b> , 19
Commission hous been complied t	with and that the information given e best of my knowledge and belief.	BY	rungan
ROONS IR LINE BUG COMPLETE TO THE	ul uneveraño ana erren	Opplarie	
		This form is to be filed in o	compliance with RULE 1104.
(Signature)		"	vable for a newly drilled or deepene nied by a tabulation of the deviation
		tests taken on the well in accor	dance with RULE 111. at be filled out completely for allow
Production_Manage	itle)	able on new and recompleted we	5118.
4-27-70		Fill out only Sections I. II	I. III, and VI for changes of owner er or other such change of condition

(Date)

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



APR2: 1070 OL CONTRACTOR OLTM