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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well API No.					
Operator BTA Oil Producers						30-025-24712						
Address		- <del></del>			<del></del> · · · ·							
104 S. Pecos, Mid	land, T	rx 79	701									
Reason(s) for Filing (Check proper box)					Ot	her (Please expla	in)					
New Well		Change in										
Recompletion	Oil		Dry G	_	F	Effective	12-1-	90				
Change in Operator	Casinghea	ad Gas	Conde	nsate								
change of operator give name address of previous operator												
-	ANDIE	A CITC										
I. DESCRIPTION OF WELL	AND LE	Well No.	Dool N	Jame Inchyli	ng Formation Unio			Kind of Lease		Lease No.		
Lease Name Brewer 689-C Ltd	1				gley, Penn		XX	XXXX,YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Location Brewer 089-C Ecc				oren ba	57 21							
A		560	To at E	The 1	North 1:	ne and560		Feet From The	East	Line		
Unit LetterA	- :	300	_ rea r	TORE IDE								
Section 6 Townshi	p 12-	S	Range	3	3-E ,1	VMPM,	Lea			County		
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NATU	RAL GAS			- Cath				
Name of Authorized Transporter of Oil	XX	or Conder	nsate		1	ive address to wh				mu)		
Phillips Petroelum Co., Trucks						4001 Penbrook, Odessa, TX 79762						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P.O.Box 1589, Tulsa, OK 74102					nu j		
Warren Petroelum		1 6	Twp.	Rge.	<del>                                     </del>			When ?				
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	112S		1 -	es	i "					
this production is commingled with that	A from any of	<del></del>										
V. COMPLETION DATA	Hom any or	IRI ICESC OI	pout, g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
V. COM EDITOR DATA		Oil Well		Gas Well	New Wel	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i		İ	1	L	_1				
Date Spudded	Date Com	ipi. Ready to	o Prod.		Total Depth	1		P.B.T.D.				
_												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				20.	Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
								Death Casis	Depth Casing Shoe			
Perforations								Depar Casa	ig once			
		TIDDIC	CAS	TNC AND	CEMENT	TNG RECOR	D	<del>'</del>				
1101 5 0175		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				J2, 11, 12, 1			<del></del>				
	<del> </del>											
	<del> </del>											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E								
OIL WELL (Test must be after	recovery of	total volume	of load	d oil and mus	be equal to	or exceed top all	owable for	this depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of T	est			Producing 1	Method (Flow, p	ump, gas li	ft, etc.)				
					Carina Par			Choke Size	Choke Size			
ngth of Test Tubing Pressure					Casing Pre	ssure		Cilidad Billio	Chous Clas			
	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test												
GAS WELL					Dhia Cond	lengate/MMCE		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Clavity Of	Civily of Colonia			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
Tubing Pressure (Shut-in)					Casing 1 resource (Circus 12)							
	7 4 7777	E COLO	DI IA	NCT	1			l				
VI. OPERATOR CERTIFIC						OIL CON	<b>NSER</b>	<b>VATION</b>	DIVISIO	NC		
I hereby certify that the rules and regularision have been complied with and	liations of th	e Utl Conse	ervation	) Dve		• • •						
Division have been complied with and is true and complete to the best of my	knowledge	and belief.	ACT WOO	,	n-	te Approve	<b>.</b> d	MAN	199	Ų		
() AA (		A	1		Da	re whhinge	-u					
Wet other	1010	MI	Oll	ン		Only			N. TEXTOI	4		
Signature	/	-			Ву				100 mg 200	<u> </u>		
<u> </u>	ı, Regu	latory	Adm	<u>inistr</u> a	thr							
Printed Name	015/	600 DT	Tide	;	Titl	le		<del> </del>				
11-27-90 Date	915/	682-37 Te	33 Lephone	No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.