|                  |     | ı |   |
|------------------|-----|---|---|
| DISTRIBUTION     |     | · | 1 |
| SANTA FE         |     |   |   |
| FILE             |     |   |   |
| U.S.G.S.         |     | Ì |   |
| LAND OFFICE      |     |   |   |
| TRANSPORTER      | OIL |   |   |
|                  | GAS |   |   |
| OPERATOR         |     |   |   |
| PRORATION OFFICE |     |   |   |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116

|  | FILE  |  | AND  |   | Effective 1-1-65                      | OF AND C-11  |   |                    |  |  |  |  |  |
|--|---|--|--|---|---------------------------------------|--------------|---|--------------------|--|--|--|--|--|
|  | U.S.G.S.  | AUTHORIZATION TO TR  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |   |                                       |              |   |                    |  |  |  |  |  |
|  | LAND OFFICE   |  | AND ON OIL AND   | TATURAL GA                                      | i <b>3</b>                            |              |   |                    |  |  |  |  |  |
|  | TRANSPORTER OIL   | <u>.</u>   |  |   |                                       | •            |   |                    |  |  |  |  |  |
|  | GAS   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | OPERATOR  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| I.   | PRORATION OFFICE  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Operator  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | BTA Oil Producer  | S  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Address   |  |  |   |                                       | <del></del>  |   |                    |  |  |  |  |  |
|  | 104 S. Pecos, Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain) |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | 1 —   | :)   | Other (Please  | explain)  | <del></del>                           |              |   |                    |  |  |  |  |  |
|  | New Well  | Change in Transporter of:  | _  |   | •                                     |              |   |                    |  |  |  |  |  |
|  | Recompletion  | Oil XX Dry G   | ias  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Change in Ownership   | Casinghead Gas Conde   | ensate   |   |                                       |              |   |                    |  |  |  |  |  |
|  | If change of ownership give name  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | and address of previous owner   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| II.  | DESCRIPTION OF WELL AND   | DESCRIPTION OF WELL AND LEASE  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  |   | Well No. Pool Name, Including F  |  | Kind of Lease                                   | -                                     | ease No.     |   |                    |  |  |  |  |  |
|  | Brewer 689-C Ltd  | <ul><li>l N. Bagley</li></ul>  | (Penn)   | State, Federal or                               | r Fee N                               | /A           |   |                    |  |  |  |  |  |
|  | Location  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Unit Letter "A"; 5  | 60 Feet From The North Li  | ne and <u>560</u>  | _ Feet From The                                 | East                                  |              |   |                    |  |  |  |  |  |
|  | _   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Line of Section 6 To  | wnship 12-S Range 3  | 3-E , NMPM,  | Le  | a                                     | County       |   |                    |  |  |  |  |  |
|  |   |  |  | ,   |                                       |              |   |                    |  |  |  |  |  |
| III.   | DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA  | AS   |   |                                       |              |   |                    |  |  |  |  |  |
|  | Name of Authorized Transporter of Oil   |  | Address (Give address t  | o which approved                                | copy of this form is to be s          | sent)        |   |                    |  |  |  |  |  |
|  | The Permian Corp  |  | Box 1183,  | Box 1183, Houston, Texas 77001                  |                                       |              |   |                    |  |  |  |  |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this for Warren Petroleum Company  Mell produces oil or liquids, Unit Sec. Twp. Page. Is gas actually connected? When                          |   |  |  | which approved copy of this form is to be sent) |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  | lahoma 74101                                    |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  | d? When   | ? When                                |              |   |                    |  |  |  |  |  |
|  | give location of tanks.   | ·  | <u> </u>   |   |                                       |              |   |                    |  |  |  |  |  |
|  | If this production is commingled wi   | th that from any other lease or pool,  | give commingling order   | number:   |                                       |              |   |                    |  |  |  |  |  |
| IV.  | COMPLETION DATA   |  |  | <del></del>                                     |                                       |              |   |                    |  |  |  |  |  |
|  | Designate Type of Completic   | Otl Well Gas Well  | New Well Workover  | Deepen F  | lug Back   Same Res'v. D              | liff. Res'v. |   |                    |  |  |  |  |  |
|  | -   |  | !<br>-k  | 1   | 1                                     |              |   |                    |  |  |  |  |  |
|  | Date Spudded  | Date Compl. Ready to Prod.   | Total Depth  | F   | P.B.T.D.                              |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top Oll/Gas Pay  | T   | Subing Depth                          |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Perforations  |  |  | Depth Casing Shoe                               |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| ļ  |   | TUBING, CASING, AND  | CEMENTING RECORD   |   |                                       |              |   |                    |  |  |  |  |  |
| ļ  | HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SE   | Т   | SACKS CEMENT                          |              |   |                    |  |  |  |  |  |
| ļ  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| -  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| ŀ  |   |  |  |   | ······                                |              |   |                    |  |  |  |  |  |
| Į  |   |  | <u>i                                    </u>   |   | · · · · · · · · · · · · · · · · · · · |              |   |                    |  |  |  |  |  |
| V.   | TEST DATA AND REQUEST FO  |  | fter recovery of total volum   | e of load oil and                               | must be equal to or exceed            | top allow-   |   |                    |  |  |  |  |  |
| -  | OIL WELL  |  | pth or be for full 24 hours)   |   |                                       |              |   |                    |  |  |  |  |  |
| Ì  | Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)          |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| - 1  | Length of Test  | Tubing Pressure  | Casing Pressure  | ٥   | hoke Size                             | l            |   |                    |  |  |  |  |  |
| L  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| - 1  | Actual Prod. During Test  | Oil-Bbls.  | Water-Bbls.  | G   | ias - MCF                             |              |   |                    |  |  |  |  |  |
| L  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   | <del></del> -                         |              |   |                    |  |  |  |  |  |
|  | GAS WELL  |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  | Actual Prod. Test-MCF/D   | Length of Teet   | Bbls. Condensate/MMCF  | G   | ravity of Condensate                  | 1            |   |                    |  |  |  |  |  |
| -  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
| İ  | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-   | in) c   | hoke Size                             | 1            |   |                    |  |  |  |  |  |
| L  |   |  | ļ  |   |                                       |              |   |                    |  |  |  |  |  |
| VI. (  | CERTIFICATE OF COMPLIANC  | CE CONTRACTOR OF THE CONTRACTO | OIL C  | ONSERVATION                                     | ON COMMISSION                         |              |   |                    |  |  |  |  |  |
|  |   |  | JUL 25 1974  |   |                                       |              |   |                    |  |  |  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)  Chief Engineer, R. L. Halvorsen |   |  | APPROVED, 19   |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  | BY   |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  | 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. |   |                                       |              |   |                    |  |  |  |  |  |
|  |   |  |  |   |                                       |              | - | Chief Engineer, R. | All sections of this form must be filled out completely for allow- |  |  |  |  |
|  |   |  |  |   |                                       |              |   | ·                  |  | able on new and recompleted wells.   |  |  |  |
|  |   |  |  |   |                                       |              | _ | 7-23-74            | e)   | 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