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| DISTRIBUTION      |       |          |  |
| SANTA FE          |       |          |  |
| FILE              |       |          |  |
| U.S.G.S.          |       |          |  |
| LAND OFFICE       |       |          |  |
| IRANSPORTER       | OIL   |          |  |
|                   | GAS   | Ι        |  |
| OPERATOR          |       |          |  |
| PRORATION OFFICE  |       |          |  |

7-23-74

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| FILE   | + KEQUES   | FOR ALLOWABLE  | Supersedes Old C-104 and C-1                |  |
|--|--|--|---|--|
| U.S.G.S.   | 411711001717101170                               | AND  | Effective 1-1-65                            |  |
| LAND OFFICE  | AUTHORIZATION TO TR                              | RANSPORT OIL AND NATURA  | L GAS                                       |  |
| OIL  | <del>     </del>                                 |  |   |  |
| TRANSPORTER GAS  | <del>                                     </del> |  |   |  |
| OPERATOR   | <del>                                     </del> |  |   |  |
| PROPATION OFFICE   | <del>  - </del>                                  |  |   |  |
| Operator   | <u> </u>   |  |   |  |
| BTA Oil Pr   | oducers  |  |   |  |
| 104 S. Pec   | os, Midland, Texas 79                            | 9701   |   |  |
| Reason(s) for filing (Check prope                                  | box)   | Other (Please explain)   |   |  |
| New We!1   | Change in Transporter of:                        |  |   |  |
| Recompletion   | Oil XX Dry C                                     | <b>=</b> 1   |   |  |
| Change in Ownership  | Casinghead Gas Cond                              | ensate   |   |  |
| If change of ownership give name and address of previous owner.    |  |  |   |  |
| I. DESCRIPTION OF WELL A   | ND LEASE   |  |   |  |
| Lease Name   | Well No. Pool Name, Including                    | Formation Kind of Le   | Lease No.                                   |  |
| LCH 689-C Ltd  | N. Bagles  | Z (Penn) State, Fed  | eral or Fee State                           |  |
| Location   |  |  | <u> </u>                                    |  |
| Unit Letter "N";   | 660 Feet From The South L                        | ine and 2130 Feet Fro  | om TheWest                                  |  |
|  |  |  |   |  |
| Line of Section 3]   | Township 11S Range                               | 33 E , NMPM, Le  | a County                                    |  |
|  |  |  |   |  |
| I. DESIGNATION OF TRANSP   | ORTER OF OIL AND NATURAL G                       |  |   |  |
| Name of Authorized Transporter o                                   |  | Address (Give address to which ap  | proved copy of this form is to be sent)     |  |
| The Permia   | n Corporation Casinghead Gas (2) or Dry Gas (    | Box 1183, Hou  | ston, Texas 77001                           |  |
| •  |  | Address (live address to which app   | proved copy of this form is to be sent)     |  |
| Warren Pet   | roleum Company                                   | Box 1589, Tul:   |   |  |
| If well produces oil or liquids,                                   | Unit Sec. Twp. Ege.                              | '  | When  |  |
| give location of tanks.  | F 31 11S 33F                                     | E no   | approximately 2 wks                         |  |
| If this production is commingled. COMPLETION DATA                  | with that from any other lease or pool,          | give commingling order number:   | t   |  |
|  | Oil Well Gas Well                                | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v         |  |
| Designate Type of Compl  | etion - (X)                                      |  | John John John John John John John John     |  |
| 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                           |  |
|  |  | ·<br>  |   |  |
|  | TUBING, CASING, AN                               | D CEMENTING RECORD   |   |  |
| HOLE SIZE  | CASING & TUBING SIZE                             | DEPTH SET  | SACKS CEMENT                                |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
| <u> </u>   |  |  |   |  |
| . TEST DATA AND REQUEST  |  | after recovery of total volume of load o   | il and must be equal to or exceed top allow |  |
| OIL WELL   | able for this d                                  | epth or be for full 24 hours)  |   |  |
| 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                                  |  |
|  | 20. 20.  |  |   |  |
| Actual Prod. During Test   | Oil-Bbis.  | Water - Bbls.  | Gas-MCF                                     |  |
|  |  |  |   |  |
| GAS WELL   |  |  |   |  |
| Actual Prod. Test-MCF/D  | Length of Test                                   | Bbls. Condensate/MMCF  | Gravity of Condensate                       |  |
|  |  | The second secon | Gravity of Condensate                       |  |
| Testing Method (pitot, back pr.)                                   | Tubing Pressure (Shut-in)                        | Casing Pressure (Shut-in)  | Choke Size                                  |  |
|  | (000)  | (5.5.5.)   | 0.000                                       |  |
| . CERTIFICATE OF COMPLI  | ANCE   | 011 0011555  | /ATION COMMISSION                           |  |
| CERTIFICATE OF COMPLI  | INCE   | OIL CONSERV  | ATION COMMISSION                            |  |
|  |  | APPROVED   | 10  |  |
| above is true and complete to the best of my knowledge and belief. |  | APPROVED, 19   |   |  |
|  |  | BY   |   |  |
|  |  | $\mathbf{L}_{0}$   |   |  |
|  |  | TITLE  |   |  |
|  |  | This form is to be filed in  | compliance with RULE 1104.                  |  |
| KOHMLe-  |  | If this is a request for all   | owable for a newly drilled or deepened      |  |
| •  | ignature)  | well, this form must be accompanied tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second test taken on the well in accompanied to the second tests taken on the well in accompanied to the second test taken the second test  | panied by a tabulation of the deviation     |  |
| Chief Engineer,  | Robert L. Halvorsen                              | 11   |   |  |
|  | (Title)  | All sections of this form of the on new and recompleted  | nust be filled out completely for allow-    |  |

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