NO. OF COPIES RECE	IVED						
DISTRIBUTIO							
SANTA FE							
FILE							
U.S.G.S.	 						
LAND OFFICE							
TRANSPORTER	OIL						
TRANSFORTER	GAS						
OPERATOR							
PRORATION OF							
Operator							
BTA Oil Producers							
Address							
104 S. Pe	cos		1				
Reason(s) for filing (Check proper box							
New Well	Ц						
Recompletion							

	SANTA FE	· 1		- N	REQUEST FOR ALLOWABLE Supe					Form C-104  Supersedes Old C-104 and C-116  Effective 1-1-65		
	FILE			-					Elfective 1			
	U.S.G.S.			ALITHODI	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			C & C				
	LAND OFFICE			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	V D A LIC DODZ CO	OIL										
	TRANSPORTER	GAS										
	OPERATOR							•				
ı.	PRORATION OFFI	CE										
	Operator									<del></del>		
	BTA Oil P	rodu	cers									
	Address											
	104 S. Pec	os	1	Midland, Te	xas 70	701						
	Reason(s) for filing (C.	heck pr —	oper box				Other (Pleas	e explain)				
	New Well	┥		Change in Tr	L=2	_						
	Recompletion	╡		Oil	Dry Go							
	Change in Ownership			Casinghead (	Gas Conde	nsate						
	If change of ownershi	n øive	name									
	and address of previo							<del></del>				
II.	DESCRIPTION OF	WELI	_ AND		ol Name, Including F	ormation		Kind of Leas		Lease No.		
			1					State, Federa	al an Can	Lease No.		
	Brewer 68	<u>9-C</u>	<u>Ltd.</u>	31	North Bagley	(Penn)		0.0.0, 1.000	Fee Fee			
				F/0	** .1							
	Unit Letter 11C	Init Letter 11C11; 560 Feet From The North Line and 3200 Feet From The East										
	Line of Section	6	To	wnship 12-S	Range	33-I	C , NMPN	, т	_ea	County		
	Line of Section	<u> </u>		with 12-5	runge		_ , MAIL I	<u>,, 1</u>	.ea	County		
111	DESIGNATION OF	TRAN	SPOR'	TER OF OIL AN	D NATURAL GA	ıs						
	Name of Authorized Tr				er.sate	Address (			ved copy of this form			
	l Amoco Pip	elin	e Cor	ກກລກທ		2300 Continental National Bank Bldg. Ft. Worth. Texas 76102  Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Tr	ansport	er of Ca	singhead Gas X	or Dry Gas	Address (	ive address	to which appro	ved copy of this form	is to be sent)		
	Warren Pe					Box 1589 Tulsa, Oklahoma 74101						
				Unit Sec.	Twp. Pge.		ually connec			74101		
	If well produces oil or give location of tanks.		•	C 6	12S 33E	-	<i>l</i> es	i	May, 1974			
									W144, 1711			
	If this production is c COMPLETION DAT		grea wr	th that from any o	ther lease or pool,	give comm.	nging orde	number:				
				O11 W	Vell Gas Weli	New Well	Workover	Deepen	Plug Back Same I	Restv. Diff. Restv.		
	Designate Type	of Co	mpletio	on $-(X)$		i		i i	1	į		
	Date Spudded			Date Compl. Read	y to Prod.	Total Dept	h		P.B.T.D.			
	Elevations ( $DF$ , $RKB$ ,	RT, GR	l, etc.,	Name of Producin	g Formation	Top Oil/G	as Pay		Tubing Depth			
						Death Costs (I)						
	Perforations								Depth Casing Shoe			
				<del></del>			CEMENTING RECORD					
	HOLE SI	ZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
						<u> </u>			<del>                                     </del>			
						ļ						
								<del> </del>	<del> </del>			
				<u> </u>		1						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)											
	OIL WELL Date First New Oil Rui	n To To	anks	Date of Test	2010 70" 171111 00	·	<u> </u>	w, pump, gas li	ft, etc.)			
	<b>52.0</b>	Date I list New Oil Will to I dike							,			
	Length of Test		<del></del>	Tubing Pressure		Casing Pressure		Choke Size				
	<b>-,</b>											
	Actual Prod. During Te	et		Oil-Bbls.		Water - Bbl	<del></del>	<del></del>	Gas-MCF			
(										<del></del>		
	GAS WELL											
	Actual Prod. Test-MCF/D Length of Test					Bbls. Condensate/MMCF		F	Gravity of Condensate			
	•											
	Testing Method (pitot)	back p	r.)	Tubing Pressure	Shut-in )	Casing Pre	ssure (Shut	-in)	Choke Size			
			1. 1	1. 1								
VI.	CERTIFICATE OF	СОМ	PLIAN	CE			OIL	CONSERVA	TION COMMISSI	ON		
• ••												
		reby certify that the rules and regulations of the Oil Conservation				APPROVED DEC 5 1000			_, 19			
	Commission have bee	mission have been complied with			and that the information given				Ode. Signed by Joe D. Pamey			
	above is true and complete to the best of my knowledge and belief.			TITLE D			Joe D. Pamey					
							Dist. 1, oupv.					
		/ /	$\gamma$	//		11				1 P 4464		
	<b>.</b>	KI	<i>7.</i> -	Darben		This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or despend						
-		14	18/20	CIVIL STORES		well the	le form mus	t be accompa	nied by a tabulation	of the deviation		
	Drod For-		(Segue	D Parra		tests ta	ken on the	well in accor	dance with RULE	111.		

(Title)

(Date)

12/2/74

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