Submit 5 Copies
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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	Т	O TRANS	SPORT OIL	AND NA	TURAL GA	NS WALL	DI No			
perator Production Pro					Well API No. 30-025-24855					
BTA Oil Producers Address										
104 S. Pecos, Midl	and, Tx	7970	1	Oth	er (Please expla	iùr)				
Reason(s) for Filing (Check proper box) New Well	(Change in Tra	nsporter of:	_						
Recompletion	Oil	XX Dr	- —	Eff	ective 12	2-1-90				
Change in Operator	Casinghead	Gas Co	ndensate							
f change of operator give name and address of previous operator							-			
II. DESCRIPTION OF WELL	AND LEA	SE				1				
Lease Name	Well No. Pool Name, Including				IS TOTAL CO.			l of Lease Lease No. LG 1736		
Hugh 689-C		1	North Bag	siey ie			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Unit Letter I	:208	80 Fe	et From The	South Lin	e and56	0 Fe	et From The	East	Line	
	12 - S	De	nge 33-	-E . NI	MPM,	Lea			County	
			···B·							
III. DESIGNATION OF TRAN		or Condensate	AND NATU	RAL GAS Address (Giv	re address to wi	hich approved	copy of this fo	orm is to be se	ent)	
Name of Authorized Transporter of Oil XX or Condensate Phillips Petroleum 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					
Warren Petroelum		- lm	Page 1	Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv	vp. Rge. 125 33E	Yes	y comiected?	1	•			
If this production is commingled with that i				ing order num	iber:					
IV. COMPLETION DATA			·		·	1 2	Dive Deels	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Ping Back	Same Kes v		
Date Spudded					Total Depth			P.B.T.D.		
•				T. O'UO Provi						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
				CEL CEL TE	NIC DECOR					
11015 0175				CEMENTI	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				<u> </u>					
								<u> </u>		
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	<u> </u>						
OIL WELL (Test must be after r	ecovery of lo	tal volume of	load oil and must	be equal to o	r exceed top all	lowable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					lethod (Flow, p	ump, gas lift, e	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
Length of Test	Hoing Pressure						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCr			
	<u> </u>			<u> </u>			1	· · · · · · · · · · · · · · · · · · ·		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test .		Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Actual Flod: Fox - Morro	2025-1									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANCE	1	· · · · · · · · · · · · · · · · · · ·					
I hereby certify that the rules and regul					OIL COI	NSERV	ATION	DIVISIO	ON	
Division have been complied with and	that the infor	mation given	above					· y	J. Maj	
is true and complete to the best of my	knowledge at	nu pellel.	2 /	Dat	e Approve	ed				
Word this	XXIO.	unt	ten			Cally.				
Signature	-			∥ By_			A constant	S. E. W. W.		
Dorothy Houghton Re	egulato:	ry Admir T	ide	Title	e		**	* ***	•	
11-27-90	915-	682-375	3		7		 			
Date		Teleph	one No.	11						

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.