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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1,				OIL OIL	. AITO ITI	 	1 400 50	1 DI N.			
Operator	=1.							API No.	4014		
BTA Oil Producers							30-025-24914				
Address		7070	\ 1								
104 S. Pecos, Midla	nd, TX	7970) [Oth	et (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:											
New Well	E	Effective 12-1-90									
Recompletion \square	Oil Coringhau	_	Dry G Conde	_							
Change in Operator	Casinghea	a Gas	COHOR	nszte							
and address of previous operator											
II. DESCRIPTION OF WELL	ANDIRA	ACE									
ase Name Well No. Pool Name, Includi				ng Pormation		Kind	Kind of Lease No.				
	Hugh 689-C 4 Bagley, N						State	State, Felling State, LG 1736			
Location					// 						
Unit LetterO	. 60	60	Feet F	rom The _S	outh_Lin	e and <u>198</u>	<u> </u>	eet From The.	East	Line	
Section 6 Townshi	p 12-S		Range	33 - E	, N	MPM,	Lea			County	
					D. Z. G. G						
III. DESIGNATION OF TRAN				ND NATU	KAL GAS	ve address to wh	hich anneme	d com of this t	orm is to he se	ent)	
Name of Authorized Transporter of Oil		or Conden	isale			enbrook,			9762	<i>-</i> ,	
Phillips Petroleum			P	Cos -	1					ent)	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						x 1589, I			copy of this form is to be sent) K 74102		
Warren Petroelum Co.			T	Pac	Is gas actual			When?			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 129		3	Yes	1	• •			
If this production is commingled with that					<u> </u>	·					
IV. COMPLETION DATA	ironi any om	ici icase di	poor, g	ive commung.	ing order nam						
IV. COM ELITON DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		1	i	i i	i	į	j	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth	•		P.B.T.D.		-	
·											
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
								Depth Casing Shoe			
Perforations								Depth Casir	ig Shoe		
					CT1 CT1 TT	NA PROOF					
TUBING, CASING AND					 				SACKS SEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOD A	HOW	ARLE	7	<u> </u>			1			
OIL WELL (Test must be after r					he equal to o	r exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		0) 100	01.01.01	Producing M	ethod (Flow, pi	ımp, gas lift,	etc.)	<u></u>		
Date of less											
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
	Tuonig Trossic										
Actual Prod. During Test	al Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
-					<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
2 mm mm	Longer or 1000										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATEO	COM	OT TA	NCE			-				
				INCE	(OIL CON	ISERV	'ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					MOV 3 U 1950						
is true and complete to the best of my					Date	e Approve	d	150	A GA 1	950	
6) AA	D/		1-	/ ,		, whole		<u>, , , , , , , , , , , , , , , , , , , </u>	-	,	
Korothu	Wa	UM	L	w	D.:			Borta Ro Sar			
Signature					∐ By_		# <u>1</u>	*:			
Dorothy Houghton,	Regula	eory A		nistrate							
Printed Name	015	5/682-3	Tide 3753		Title						
11-27-90 Date	213		ephone	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.