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

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	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	24:	
	LAND OFFICE	ACTIONIZATION TO THE	THE ONLY OF AND INTORAL O		
	OIL				
	TRANSPORTER GAS				
	 				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	BTA OIL PRODUCER	RS			
	Address				
	104 South Pecos	Midland, Texas 797	01		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Change of Lease	Name	
	Recompletion	Oil Dry Go		, Ivallic	
	Change in Ownership	Casinghead Gas X Conder	F=		
	onange in ownerousp	Oddingina Com (23)			
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE			
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	Penn, 7514 JV-D	3 Bagley, North	n (Penn) State, Federal	cr Fee State	
	Location				
	1011	230 mars ma Nearth and	e and 1980 Feet From T	che East	
	Unit Letter 11G11; 18	330 Feet From The North Lin	e and 1980 Feet From T	ne	
	Line of Section 7 Tow	mship 12-S Range	33-E , NMPM,	T 22	
	Line of Section / Tow	mship 12-S Range	33-E , NMPM,	Lea County	
_			_		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	The Permian Corpora	ation	P. O. Box 1183. Hous	ton, Texas 77001	
	Name of Authorized Transporter of Cas	inghead Gas 📉 💮 or Dry Gas 📋	P. O. Box 1183, Hous Address (Give address to which approv	ed copy of this form is to be sent)	
	Warren Petroleum		P. O. Box 1589, Tuls	a. Okla. 74102	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n (18102	
	If well produces oil or liquids, give location of tanks.		[:		
	L	1 - 1 - 1 - 2 - 2 - 1 2 - 2 - 2 - 2 - 2		Vithin 2 weeks	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completio	i	1	1	
	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		<u> </u>	Depth Casing Shoe	
				'	
		TUDING CASING AND	CENTRIC DECORD		
		T	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			1		
87	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-	
٠.	OIL WELL	able for this de	pth or be for full 24 hours)	made by again to or succeed top arrows	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif-	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	25.19.1. 57.1.50.1				
	Lawrence Break Break	Oil-Bbis.	Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oli-Bbis.	Water - Date.	GGB - M.G.	
				•	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-it)	Choke Size	
		1	0:: 00::5	TION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED		
Object Dorothy Houghton			TITLE		
	(1) + + XL. II		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.		
	Wordelle Staller	Dorothy Houghton			
	(Signa	iture)			
	Production Clerk (Title) 3/23/76		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 transports	en or other such change of conditions	
(Date)			well name or number, or transporter, or other such change of condition.		

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 multiple.