

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator BTA OIL PRODUCERS		
Address 104 South Pecos Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED AFTER 4/8/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Penn, 7504 JV-D	Well No. 3	Pool Name, Including Formation Bagley, North (Penn)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter G ; 1830 Feet From The North Line and 1980 Feet From The East Line of Section 7 Township 12-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) - - - - (Run for the account of Basin, Inc.)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 7	Twp. 12-S	Rge. 33-E	Is gas actually connected? No	When Within 2 weeks

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12/23/75	Date Compl. Ready to Prod. 2/9/76		Total Depth 10,500'		P.B.T.D. 10,461			
Elevations (DF, RKB, RT, GR, etc.) 4295' GL	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 9,598'		Tubing Depth 9,559'			
Perforations 9,598' - 9,619'					Depth Casing Shoe 10,500'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		378'		400 sx circ.			
11"	8-5/8"		3,725'		350 sx			
7-7/8"	5-1/2"		10,500'		1,225 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 2/8/76	Date of Test 2/8/76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 406	Oil-Bbls. 406	Water-Bbls. 287	Gas-MCF 146

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-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bob Newland

Bob Newland

(Signature)

Regulatory Supervisor

(Title)

2/12/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.

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.