

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

TO TRANSPORT OIL AND NATURAL GAS	
I, <u>Operator</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">BTA Oil Producers</div>	Well API No. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">30-025-31000</div>
Address <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">104 S. Pecos, Midland, TX 79701</div>	
Reason(s) for Filing (Check proper box) <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator </div> <div style="width: 45%;"> Change in Transporter of: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></div> <div>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/></div> </div> </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Other (Please explain) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Show gas connection date </div> </div>	
If change of operator give name and address of previous operator <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR	

II. DESCRIPTION OF WELL AND LEASE

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Lease Name Sunray -A-, 6822 Ltd.	Well No. 1	Pool Name, Including Formation Lane (San Andres)	Kind of Lease State, Federal or Net
			Lease No. L-332
Location			
Unit Letter O : 990 Feet From The South Line and 1980 Feet From The East Line			
Section 36 Township 9-S Range 33-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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)				
Phillips Petroleum Co., Trucks		4001 Penbrook, Odessa, TX 79762				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Co.		P.O.Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	0	36	9S	33E	no Yes	1-27-91

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

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
XX				XX					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
11-3-90	11-21-90			4750			4670		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
4276' GR, 4289 RKB		San Andres			4630			4554	
Perforations							Depth Casing Shoe		
4630, 4650'							4750		

TUBING, CASING AND CEMENTING RECORD

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	498	300
7-7/8	5-1/2	4750	800
	2-7/8	4554	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

TEST 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			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or as per gas or water)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-21-90	11-26-90	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	---	---	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
128 bbls	128	42	20

GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature

Signature
Dorothy Houghton, Regulatory Administrator

Printed Name _____

~~11-28-90~~

Date 2-5-91

Title

915-682-3753

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

FEB 07 1991

By

Title

- 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.

