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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

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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.	T(OTRANS	PORT OIL	AND NAT	URAL GA	S				
Operator	Well API No.				000					
BTA Oil Producers		30-025-31000								
Address 104 S. Pecos, Mid	land TX	7970	1							
Reason(s) for Filing (Check proper box)	Tanu, IA	7770		Othe	r (Piease expla	in) LOTALO	HEAD (28	SMIPSTE	ACT THE	
New Well KX	C	hange in Trai	sporter of:							
Recompletion	Oil		Gas 🗆			FLARED	AFTER _			
Change in Operator	Casinghead	Gra [] Ca	deneste			UNESS	S AN EXC	EPTION TO	J R-4070	
change of operator give name		THIS	WELL HAS	BEEN PLAC	ED IN THE I	POOL DBI	AINED.			
nd address of previous operator		DES	IGNA (CD DEC	OW. IF TOO	DO NOT C	ONCUR				
I. DESCRIPTION OF WELL			IFY THIS OFF		20 0 57	is Vinda	f Lease	14	ase No.	
Lease Name			Name, Includir	_	R 1939	Ctate)	WAXXX XX			
Sunray -A-, 6822	Ltd.	<u> </u>	ane (San	Andres)	11/1/	<u> </u>		11 774	·	
Location Unit LetterO	: 990	Fee	t From The So	outh Line	and <u>198</u>	0 Fe	et From The	East	Line	
Section 36 Townshi	p 9-S	Ra	nge 33-F	, NI	ирм,	Lea			County	
	CDODWEN	OF OU	A BUR BLATTU	DAT GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensate		Address (Giv	address to wh	ich approved	copy of this f	orm is to be se	nt)	
	<u> </u>	Trucks		4001 P	enbrook,	Odessa	TX 7	9762		
Phillips Petroelu Name of Authorized Transporter of Casing	4001 Penbrook, Odessa, TX 79762 Address (Give address to which approved copy of this form is to be sent)									
	of Authorized Transporter of Casinghead Gas XX or Dry Gas Warren Petroleum Co.				P.O.Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, Unit Sec.			p. Rge.				?			
give location of tanks.	0	36 99		No		1				
If this production is commingled with that	from any othe	r lease or poo	, give commingl	ing order numi	<u></u>					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		XX_	<u> </u>	XX	<u> </u>	<u></u>	 _	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
11-3-90		11-21-90			4750 Top Oil/Gas Pay			4670 Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				•			4554			
4276 GR. 4289 RKB	Andres		4630				Depth Casing Shoe			
4630-4650'										
4630-4630	TUBING, CASING AND				NG RECOR	D D				
HOLE SIZE	CAS	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						
	OT FOR	TIONAD	IF	<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWAB	LE load oil and mus	he equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hor	ers.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		odd ou dad mis	Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
_	Date of Tes	11-26-90			Pump					
11-21-90 Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
24 hrs							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			20		
128 bbls	_	128		<u></u>	42					
GAS WELL					A A 2 A A		C-w- cf	Condensate		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Catting Pressure (State-12)						
VI. OPERATOR CERTIFIC	CATE OF	COMPI	LANCE		OIL CO	NCEDY	/ለግግር እነ	DIME)N	
I hereby certify that the rules and reg	ulations of the	Oil Conserva	tion						J14	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				Date Approved NOV						
is true and complete to the best of m	y knowiel go a	nd belief.	0	Dat	e Approv	ed	A Charles			
() at that was all ton					1 _{2.0}	•. ,			W	
X servery I will great					1			· · · · · · · · · · · · · · · · · · ·		
Signature Dorothy Houghton, Re	egulator	Admin	istrator	11 1						
Printed Name			Inc	Title	9					
11-28-90	915	-682-37								
Date		Telepi	some No.	H						

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.

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