Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico , Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Hottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III											
1000 Rio Brazos Rd., Aztec, NM 87410	REQUES	ST FO	R ALL	OWABI	LE AND A	JTHORIZ	ATION				
I	TO	TRAN	ISPO	RT OIL	AND NATI	JRAL GA	S	PI No			
Operator BTA Oil Producers								Well API No. 30-025-31061			
Address 104 S. Pecos, Midlan	nd, TX	7970)1								
Reason(s) for Filing (Check proper box)					Other	(Please explai	DASIN	GHEAD GA	S MUST	एका हर	
New Well	Ch	ange in T	ransporte	er of:	Shou	gas		· · · · · · · · · · · · · · · · · · ·	3-16	- 4.L I	
	Oil	r	Dry Gas	ᆜ	Com	ection	FLARE	D AFTER - SS AN EXO	EPTION T	O R-4070	
	Casinghead G	M [] (Condensa	ite 🗌	dat	٠	Urick.	TAINED.			
If change of operator give name and address of previous operator							13 95	(7(1): 6:22			
II. DESCRIPTION OF WELL AN	ND LEASI	Ξ							1 -	use No.	
Lease Name	se Name Well No. Pool Name, Including				6 I Ottomion			Kind of Lease State, Kathanion Keex I.m.			
Sunray -A-, 6822 Ltd	<u> </u>	3	Lane	(San	Andres)		3.20,		L-332		
Location									77 4	Ì	
Unit Letter G :	1980		Foot From	n TheN	orth Line		Fee	et From The	Last	Line	
	99		D	33	E , NM	DM.	Lea			County	
Section 36 Township		<u>, </u>	Range			1441					
III. DESIGNATION OF TRANSF	PORTER (OF OI	L AND	NATUR	AL GAS						
	rXX or	Condens	ate		Address (Give			copy of this for		u)	
Phillips Petroleum (icks			4001 Pe	nhraok.	Odessa	<u>TX 79</u>	9762		
Name of Authorized Transporter of Casinghe	Address (Give	address to wh	ich approved	copy of this for	rm is to be ser	u)					
Warren Petroleum Co.						1589,			02		
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When ?						
		~ ,	1 m hr	1 240	-		- 1	1	97.01		
give location of tanks.	<u>o i</u>	36	9S	33E	-No-	Yes	İ	Est 1-	24-91		
give location of tanks. If this production is commingled with that fro		36	9S	33E	-No-	Yes	<u> </u>	Eur 1-	24-91		
give location of tanks.	om any other i	36 case or p	9S ool, give	33E commingli	ng order numb	Yes ==				Diff Res'v	
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give location of tanks. If this production is commingled with that fro IV. COMPLETION DATA Designate Type of Completion - (Date Spudded 12-29-90 Elevations (DF, RKB, RT, GR, etc.)	(X) Date Compl. I	36 Dil Well XXX Ready to 5-91 ucing For	9S cool, give Ga Prod.	33E commingli	ng order number New Well XXX Total Depth	Yes er: Workover	i	Plug Back P.B.T.D. Tubing Depth	4721 4595	Diff Res'v	
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VI. 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.

Dorothy Houghton,

Sign

Printed Name

1-22

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

By.

Title_

Date Approved .

OIL CONSERVATION DIVISION

FEB 6 7 1991

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Regulatory Administrato Tide

915-682-3753

Telephone No.

- 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.