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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BTA Oil Producers		Well API No. 30-025-31061
Address 104 S. Pecos, Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <i>show gas connection date</i> Casinghead Gas MUST NOT BE FLARED AFTER <u>3-16-91</u> UNLESS AN EXCEPTION TO R-407 IS OBTAINED.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

Lease Name Sunray -A-, 6822 Ltd	Well No. 3	Pool Name, including Formation Lane (San Andres)	Kind of Lease State, Federal, or Private XXX	Lease No. L-332
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>9S</u> Range <u>33E</u> , 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"/> Phillips Petroleum Co., Trucks		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) P.O.Box 1589, Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 9S	Rge. 33E
Is gas actually connected? <u>Yes</u>		When? <u>1-24-91</u>		
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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-29-90	Date Compl. Ready to Prod. 1-15-91		Total Depth 4760		P.B.T.D. 4721			
Elevations (DF, RKB, RT, GR, etc.) 4278' GR 4291' RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4638		Tubing Depth 4595			
Perforations 4638-4646		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		525		300 sx			
7-7/8	5-1/2		4760		975 sx - TOC @ 990			

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 Tank 1-16-91	Date of Test 1-16-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 88 bbls	Oil - Bbls. 88 bbls	Water - Bbls. 165	Gas - MCF 13

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

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.	
<i>[Signature]</i>	
Signature Dorothy Houghton, Regulatory Administrator	Title
Printed Name	Telephone No. 915-682-3753
Date 2-5-91	

OIL CONSERVATION DIVISION FEB 07 1991	
Date Approved	
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.

