

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas October 11, 1962

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**BTA Oil Producers**

**TAYLOR**

, Well No. **3**, in. **NW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**L** Sec. **7**, T. **-8-S**, R. **-35-E**, NMPM., **Midland San Andres** Pool

Unit Letter

**Roosevelt**

County. Date Spudded **9-16-62**

Date Drilling Completed **9-27-62**

Please indicate location:

Elevation **4249 GL** Total Depth **4670'** FBTD **4663'**

Top Oil/Gas Pay **4580** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4580-4662'**

Open Hole **None** Depth Casing Shoe **4670'** Depth Tubing **4594'**

OIL WELL TEST -

Natural Prod. Test: **42** bbls. oil, **-0-** bbls water in **24** hrs, **-0-** min. **SWB**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **65** bbls. oil, **-0-** bbls water in **24** hrs, **-0-** min. Size **28/64**

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **A/2,000 gal. SF/40,000 gal. w/60,000# sand.**

Casing Press. **Pkr.** Tubing Press. **100** Date first new oil run to tanks **9-30-62**

Oil Transporter **The Permian Corporation**

Gas Transporter **Pending Agreement**

**1980 FSL - 660 FWL**

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Size

8-5/8"	358	250
5-1/2"	4670	200
2-3/8"	4594	---

Remarks: \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19\_\_\_\_

**BTA Oil Producers**

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Title **Production Superintendent**

Send Communications regarding well to:

Name **BTA Oil Producers**

**104 South Pecos, Midland, Texas**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_