	NO. OF COPIES RECEIVED	-		
	DISTRIBUTION	 	CONSERVATION COMMISSIC	Form C-104
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11
	FILE	AND		Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
		-		
	TRANSPORTER GAS	-1		
	OPERATOR			
1.	PRORATION OFFICE	1		
	Cperator			
	BTA Oil Producers			
	104 South Pecos, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of:			
	Recompletion	Oil 🔀 Dry Ga	is	
	Change in Ownership	Casinghead Gas Conder	nsate	
	If change of ownership give name			
	and address of previous owner			
П.	DESCRIPTION OF WELL AND		ime, Including Formation	Kind of Lease
			lle Allison Penn	State, Federal or Fee Federal
	Location			
	Unit Letter I ; 19	980 Feet From The South Lir	ne and <u>660</u> Feet From T	he East
	Line of Section 31 To	ownship 8-8 Range	<u>36-е, ммрм, Roc</u>	osevelt County
	Name of Authorized Transporter of Ol	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)
	Mobil Pipe Line Co.			
	Name of Authorized Transporter of Ca	isinghead Gas 🔀 🛛 or Dry Gas 🚞	Box 900, Dallas, Texas Address Give address to which approve	ed copy of this form is to be sent)
	Warren Pet.	Corp.	Box 1589, Tulse (Is gas actually connected? When	Klahoma 74100
	If well produces oil or liquids,	Unit Sec. Twr. Pge.		
	give location of tanks.	I 31 8 36	No	oprox 45 days
		ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi			· · · · · · · · · · · · · · · · · · ·
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			1	
	Perforations Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL able for this depth		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
	Date First New Oil Run To Tanks Date of Test		Producing Method (riow, pump, gas ii); etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bols.	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
vi	CERTIFICATE OF COMPLIAN			
V A .	, CENTRICATE OF COMPERANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY TO Attrice	
	above is true and complete to th	e best of my knowledge and bellet.	BY	- Children
			TITLE	
	1 Julia a		This form is to be filed in co	ompliance with RULE 1104.
	1	C. Cameron I	If this is a request for allows	ible for a newly drilled or deepened
		nature)	well, this form must be accompan tests taken on the well in accord	ied by a tabulation of the deviation
	Production Supt.		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	$\frac{(Title)}{\text{February 2}, 1969}$			
	February (1.	
	February 2	24, 1969	Fill out only Sections I. II.	III, and VI for changes of owner,
	· · · · · · · · · · · · · · · · · · ·		Fill out only Sections I, II, well name or number, or transporte	