NO. OF COPIES REC	EIVED	İ	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			
PRORATION OF			
Operator			
BTA C	il P	rod	luc

II.

III.

IV.

DISTRIBUTION	TW MEXICO OIL CONSERVATION COMMISSIO Form C-104			Form C-104					
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110						
FILE	AND Effective 1-1-65								
U.S.G.S.	AUTHORIZAT	TION TO TRA	ANSPORT OIL AND NATURAL	L GAS					
OIL	-								
TRANSPORTER GAS	1								
OPERATOR	1								
PRORATION OFFICE	1								
Operator									
BTA Oil Produc	ers								
Address									
104 South Peco		Texas							
Reason(s) for filing (Check proper box)			Other (Please explain)						
New We!!	Change in Transp								
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Ga Conder	75	İ					
Change in Ownership	Cashighead Gas	Colider	isute						
If change of ownership give name									
and address of previous owner									
DESCRIPTION OF WELL AND I	LEASE	_ 	A THE STATE OF THE						
Lease Name		ell No. Pool Na	me, including Formation	Kind of Lease					
Pecan 688 Ltd.	051845-A	2 Mid	dle Allison Penn	State, Federal or Fee Federal					
Location		4 - 7 111	to floren to maybean	2 1 × 709					
Unit Letter G; 198	80 Feet From The	North Lin	e and 1980 Feet Fro	om The East					
21	0 0	2	c =						
Line of Section 31 Tow	vnship 8-S	Range 3	6-E , NMPM,	Roosevelt County					
DESIGNATION OF TRANSPORT	TED OF OUT AND A	TATUDAL CA	E.						
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil				proved copy of this form is to be sent)					
Who Downian Corn	(Menaka)		Midland						
The Permian Corp	inghead Gas X or I	Dry Gas		proved copy of this form is to be sent)					
Warren Pet.									
If well produces oil or liquids,	Unit Sec. Tv	wp. Rge.	Is gas actually connected?	When					
give location of tanks.	G 31	8 36	No	Approx. 45 days					
If this production is commingled wit	h that from any other	lease or pool,	give commingling order number:						
COMPLETION DATA			· -						
Designate Type of Completio	on - (X)	Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
	Date Compl. Ready to	Pand	XX Total Depth	P.B.T.D.					
Date Spudded	Date Compi. Reday to	Prod,	9850'	9833'					
11-27-68 Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Fo	rmation	Top Oil/Gas Pay	Tubing Depth					
4133' K.B.	Bough "C		9808'	9781'					
Perforations	1 2009 0			Depth Casing Shoe					
981	1-33'	•		9850'					
		, CASING, AND	CEMENTING RECORD						
HOLE SIZE	CASING & TUE		DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/	/ 4"	379'	375 SX					
11"	8-5/	/8"	4065'	400 SX					
7-7/8"	5-1/	/2"	9850'	300 SX					
			<u>i</u>						
	OR ALLOWABLE	(Test must be a	fter recovery of total volume of load opth or be for full 24 hours)	oil and must be equal to or exceed top allow-					
OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this de	Producing Method (Flow, pump, ga	s lift. etc.)					
	1	. 0	_	,,					
1-5-69 Length of Test	1-7-6 Tubing Pressure	9	Pump Casing Pressure	Choke Size					
24 Hrs.	_		_	_					
Actual Prod. During Test	Oil-Bbls.		Water - Bols.	Gas-MCF					
1350	230		1120	110					
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					
			1						
CERTIFICATE OF COMPLIANO	CE		OIL CONSER	VATION COMMISSION					
			ABBROVED	JAN 13 19					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Maring							
					7771			TITLE	
							This form is to be filed in compliance with RULE 1104.		
Milleur		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation							
(Signature)		well, this form must be accompanied by a tabulation of the caviation tests taken on the well in accordance with RULE 111.							
Production Supt.		All sections of this form	All sections of this form must be filled out completely for allow-						
January 10, 1969		able on new and recompleted							
	ite)		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.						
,,,,,	•		Separate Forms C-104 r	nust be filed for each pool in multiply					
			completed wells.						