NO. OF COPIES RECI	EIVED	
DISTRIBUTIO		
SANTA FE		_
FILE		
U.S.G.S.		_
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	

1-20-70

H	DISTRIBUTION]	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
Ĺ	FILE		AND .	Effective 1-1-65
	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	iS
	LAND OFFICE	Į		
	TRANSPORTER GAS			
}	OPERATOR			
	PRORATION OFFICE			
•	Operator			
	BTA Oil Produ	icers		
	Address		_	
		Midland, Texas 7970		
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil 1 Dry Ga		
- 1	Change in Ownership	Casinghead Gas Conder	isute []	
	If change of ownership give name			
	and address of previous owner			
		* = 4.0P		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	No.
		l Vada-Pe	0	NM = No. NM = No. 4039-A
	Will 693 Ltd.	I Vaua-Pe	<u> </u>	redelar
		50 0 11	, 660 Foot From Th	ne East
	Unit Letter P; 66	O() Feet From The South Lir	ne and 660 Feet From T	le <u>Lusc</u>
	Line of Section 34 To	wnship 8-S Range	35-E , ммрм, Roo	sevelt County
	Line of Section 34 To	which the second		
iII	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
	 Mobil Pipe L <u>ine (</u>	Co.	Box 900, Dallas, Tex Address (Give address to which approve	as 75221
	Name of Authorized Transporter of Ca	singhead Gas 📉 or Dry Gas 🦳	Address (Give address to which approve	ed copy of this form is to be sent)
	Warren Petr. Corp	n	Box 1589, Tulsa, Okl	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1
	give location of tanks.	P 34 8 35	No. App	roximately 45 days
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Restv. Diff. Restv.
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resv. Din. Resv.
	Designate Type of Completi		To the second se	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
				<u> </u>
		No. of Designation	Top Oll /Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Elevations (DF, RKB, RT, GR, etc.; Perforations	Name of Producing Formation	Top Oil/Gas Pay	
	,			
	Perforations		Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET	
	,	TUBING, CASING, AN	D CEMENTING RECORD	Depth Casing Shoe
	Perforations	TUBING, CASING, AN	D CEMENTING RECORD	Depth Casing Shoe
	Perforations	TUBING, CASING, AN	D CEMENTING RECORD	Depth Casing Shoe
	Perforations	TUBING, CASING, AN	D CEMENTING RECORD	Depth Casing Shoe
v	Perforations HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWARLE. (Test must be	D CEMENTING RECORD DEPTH SET after recovery of total volume of load oil of	Depth Casing Shoe SACKS CEMENT
V	HOLE SIZE HOLE SIZE TEST DATA AND REQUEST I	TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this description)	D CEMENTING RECORD DEPTH SET after recovery of total volume of load oil of lepth or be for full 24 hours)	Depth Casing Shoe SACKS CEMENT sind must be equal to or exceed top allow-
V	Perforations HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWARLE. (Test must be	D CEMENTING RECORD DEPTH SET after recovery of total volume of load oil of	Depth Casing Shoe SACKS CEMENT sind must be equal to or exceed top allow-
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V	HOLE SIZE HOLE SIZE TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this description of the control o	D CEMENTING RECORD DEPTH SET after recovery of total volume of load oil of lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift Casing Pressure Water-Bbls.	Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allow- t, etc.) Choke Size Gas-MCF
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able on new and recompleted wells.

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 must be filed for each pool in multiply

	I hereby certify that the outer of regularizes of the Out Guesser of the Commission have been encopied with and the one of the out of the above is true and complete to the best of my convertise out of the
	5.550 mile 5% / \$400 %
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