8.	NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85 AS
BTA Oil Producers				
	104     So.     Pecos       Reason(s) for filing (Check proper box)       New Well       X       Recompletion       Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		
	If change of ownership give name			11
	and address of previous owner			1
П.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	
	Will 693 Ltd.	1 Undesignated	-Penn State, Federal	or Fee Federal 4039A
	Location Vuck C-Vennsylvanian R-355.3 Unit Letter P 660Feet From The SouthLine and 660 Feet From The East			
	Unit Letter Feet From The Feet From The Feet From The			
	Line of Section 34 Town	nship 8–S Range 35	-E , NMPM, ROOSE	Velt County
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed come of this form is to be sent!
	Name of Authorized Transporter of Oll			
	Mobil Oil Corp. Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corp.		P. O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)	
			Box 1589, Midland, Texas 79701	
	If well produces oil or liquids, give location of tanks.	P 34 8 35	No Approx. 45 days	
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		XX	
	Date Spudded	Date Compl. Ready to Prod. 8-1-69	Total Depth 9800 '	р.в.т.д. 9796 '
	6-27-69 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	4165' GL	Bough "C"	9726'	9701' Depth Casing Shoe
	Perforations 9756-68' w/2JSPF			9800'
	TUBING, CASING, AND		D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	8-5/8"	4040'	400 sx
	7-7/8"	5-1/2"	9800'	300 sx
<b>%</b> /	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 allo while (a this death or be (or full 24 hours))			
V	OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lij	
	Date First New Oil Run To Tanks			
	8-8-69 Length of Test	8-10-69 Tubing Pressure	Casing Pressure	Choke Size
	24 Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	1575	75	1500	62.5 *
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Stut-In )		
VI	. CERTIFICATE OF COMPLIANCE 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.		TITLE This form is to be filed in compliance with RULE 1104. 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 tests taken on the well in accordance with RULE 111.	
	Production		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	(Tule) August 15, 1969 (Date)		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.	

(Date)

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.

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