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SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		L		
PRORATION OFFICE		1	_	

4-28-70

(Date)

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND			
ļ	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	w		
	LAND OFFICE OIL					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE		- w			
	BTA Oil Producers					
	Address 104 South Bogos Midland Toyas 79701					
	104 South Pecos Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	THIS WELL HAS DEEN ON	A CONTRACTOR		
	Recompletion	Oil Dry Gas		*		
	Change in Ownership	Casinghead Gas Condens	acte			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including For	rmation Kind of Lease	T_ease No.		
	Lease Name	Well No. Pool Name, including For		or Fee Federal NM4039-B		
	Will 693 Ltd.	yaua-reim				
	Unit Letter N : 510	Feet From The South Line	and 1980 Feet From T	he West		
	Onit Letter			.1.		
	Line of Section 34 Tow	nship 8-S Range 35-	-E , NMPM, Roosev	elt County		
III	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
***	Name of Authorized Transporter of Oil X or Condensate Address (Give address to watch approved copy of this forms to be seen)					
	Mobil Pipe Line Co	ompany	P. O. Box 900, Dall Address (Give address to which approve	as, Texas 75221		
	Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas 🗀		sa, Oklahoma 74100		
	Warren Pet. Corp.	Unit Sec. Twp. P.ge.	P. O. Box 1589, Tul Is gas actually connected? Whe			
	If well produces oil or liquids, give location of tanks.	P 34 8-S 35-E	No Ap	prox. 45 days		
	If this production is commingled wit	<u> </u>				
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	- (Y)	XX Mottodet Design			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-13-70	4-21-70	9795	9792		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4194 KB	Bough "C"	9755	9765 Depth Casing Shoe		
	Perforations					
	9760-82 W/2 SPF (Bough "C") 9795 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17 1/2"	12 3/4"	390'	375 (circulated)		
	11"	8 5/8"	4031'	300		
	7 7/8"	5 1/2"	9795'			
	THE DATA AND DECLIEST D	OR ALLOWABLE. (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow		
V	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 allowable for this depth or be for full 24 hours) (It will be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	, asc.,		
	4-21-70	4-22-70 Tubing Pressure	Pump Casing Pressure	Choke Size		
	Length of Test 24 hrs.					
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF		
	1098	180	918	99		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Verial Lion 1991-1901/P					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
			OH CONSTRU	ATION COMMISSION		
V	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.		OIL CONSERVA	OIL CONSERVATION COMMISSION APR 30 1970		
			APPROVED BY Geologist			
		<u> </u>	III GE			
	(Signature)		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. All sections of this form must be filled out completely for allow			
	Production Manage	rule)	All sections of this form make able on new and recompleted w	ust be filled out completely for allow relis.		
		/		TIT and VI for changes of owner		

All sections of this form must be filled out completely for allowable 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.

Section 1984

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OFE CONCERNATION COMM.