NO. OF COPIES RECEIVED		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR]	
PRORATION OFFICE			ì

-	DISTRIBUTION SANTA FE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND			
-	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
ŀ	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator BTA Oil Producers Address 104 South Pecos, Midland, Texas 79701 Reason(s) for filing (Check proper box) Cther (Please explain)					
1						
	New Well	Change in Transporter of:				
	Recompletion	Castnahead Gas Condense	ate			
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE. Weil No. Pool Mame, Inc. ding For	mation Kind of Lease	Ŋ M ga• No.		
	Nilo 702 JV-D	1 Vada-Penn	State, Federal o	Fee Federal 4039-A		
	Unit Letter N : 510	Feet From The South Line	and 1980 Feet From The	west		
			35-E , NMPM, Roosev			
	Line of Section 33 Town	nship 8-S Range 3	SOE , MANUEL ROOSE			
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	copy of this form is to be sent)		
	Name of Authorized Transporter of Off	& Si Consensara		_		
	Mobil Pipe Lir	ne Company	Box 900, Dallas, Tex Address (Give address to which approve	copy of this form is to be sent)		
			Box 1589, Tulsa, Okl			
	Warren Petroleu	um COrp. Unit Sec. Twp. Ege.	is gas actually connected? When			
	if well produces oil or liquids, give location of tanks.	N 33 8-S 35-E	No Apr	prox. 45 days		
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Diff, Resty.		
	Designate Type of Completio	OI. Well				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ofl∕Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			·			
		<u> </u>				
		OR ALLOWARIE (Terr must be all	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
V	. TEST DATA AND REQUEST FOOL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas tip	, 555.7		
		The December of the Control of the C	Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	; • ·			
	Actual Proc. During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF		
	Actual Pros. During . 46					
	GAS WELL	(m)	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test				
	- Lock of the Lock	Tubing Pressure (shut-in)	Casing Fressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	. aunit				
	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	ICL	JUL 2	19		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	13		
	Commission have been complied	eby certify that the rules and regulations of the Oil Conservation have been complied with and that the information given hission have been complied with and that the information given his so the best of my knowledge and belief.		MILL		
	Commission have been compiled with and that the showledge and belief. above is true and complete to the best of my knowledge and belief.		TITLE JUPERVISOR DISTRICT			
	TUTLE TOTAL TOTAL TOTAL STATE OF THE BUILT FOR			compliance with BULE 1104.		
	// / /	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper the second of the deviation of the dev				
y L. N. Layer			If this is a request for allowable for a newly difficulty well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation.			

bove is true and complete to the
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$\Omega = II$
// // / / / /
e Line tayer
(Signaple)
Production Manager
(Title)
T 01 70
7-21-70

(Date)

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

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.

Senarate Forms C-104 must be filed for each pool in multiply