

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
BTA OIL PRODUCERS

Address  
104 South Pecos Midland, Texas 79701

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-1-87  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hartley, 8609 JV-P	Well No. 1	Pool Name, including Formation King, Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease N
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>13-S</u> Range <u>37-E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

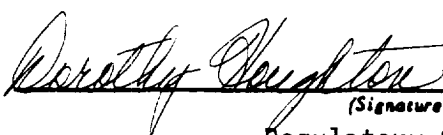
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 17536, San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>26</u> Twp. <u>13-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
DOROTHY HOUGHTON  
(Signature)  
Regulatory Supervisor  
(Title)  
5/1/87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAY 6 1987, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all 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 multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 12-4-86	Date Compl. Ready to Prod. 4-27-87	Total Depth 12,670'			P.B.T.D. 10,110'			
Elevations (DF, RKB, RT, GR, etc.) 3856' GR 3870' KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,332			Tubing Depth 10,056			
Perforations 9,332' - 9,365'					Depth Casing Shoe 12,670			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		400'		450			
11	8-5/8		4,700'		1500			
7-7/8	5-1/2		12,670'		2000			
	2-7/8		10,056'					

#### 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)

Date First New Oil Run To Tanks 4-27-87	Date of Test 4-29-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 72 bbls.	Oil - Bbls. 72	Water - Bbls. 47	Gas - MCF 48

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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