

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-1-88
UNLESS AN EXCEPTION TO RULE
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Tulk, 8801 JV-P	1	Wildcat - PENN	State, Federal or Fee State	V-1866
Location				
Unit Letter -0- : 330 Feet From The South Line and 2310 Feet From The East				
Line of Section 20 Township 14-S Range 32-E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

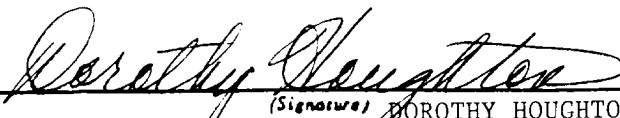
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. - Trucks	4001 Penbrook St., Odessa, TX 79762
Name of Authorized Transporter of Casinghead Gas <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 Sec. Twp. Rge.
	0 20 14-S 32-E
Is gas actually connected?	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.


(Signature) DOROTHY HOUGHTON
Regulatory Supervisor
(Title)
4/20/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
Orig. Signed by
Paul Kautz
Geologist
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.
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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
2-17-88	4-1-88		10,101'			10,006'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4347' GR 4361' K.B.	Penn		9,808'			9,613'			
Perforations						Depth Casing Shoe			
9,808' - 9,844'						10,100'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		410'		550 sx - Circ.				
11"	8-5/8"		4,000'		1500 sx - Circ.				
7-7/8"	5-1/2"		10,100'		1700 sx - TOC @ 1700'				
	2-7/8"		9,613'						

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-1-88	4-18-88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	--	--	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
33 bbls	33	541	TSTM

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