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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Eneast, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•	<u> </u>	UIKA	אסרי	UNI UIL	AND MAI	<u> </u>	Well Al	PI No.				
perator									025-3162	.1		
BTA Oil Produc	cers											
uddress 104 S. Pecos,	Midlan	d. TX	70	9701								
Reason(s) for Filing (Check proper box)	ritutal	<u> ۱۸ و سه</u>		· · · -	X Other	(Please explai	in)					
New Well		Change in	Transpo	orter of:								
Recompletion Oil Dry Gas						First Gas Sales						
Change in Operator	Casinghead	d Gas 🗌	Conde	nsate								
change of operator give name												
nd address of previous operator	-											
I. DESCRIPTION OF WELL A	AND LEA	ASE					Kind o	{ Lease	Le	ase No.		
Lease Name Well No. Pool Name, Including Vacuum, N				ng rommation	ka-Morko	1	State, Femeral MXFeXX		V-3836			
Vacuum, 9205 JV-P Com			<u>va</u>	euum, N	orth Aco	Ka Holko	~	 -				
Location				C	h		660 E-	et From The	West	Line		
Unit LetterL	: <u> </u>	80	_ Feet F	rom The	outh Line	and	<u>ooo</u> re	et From The _				
- 1 21 T	16S		Range	35E	, NN	IPM,	Lea			County		
Section 31 Township	105		Kange									
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	nsate	XX	Address (GIM	address to wi				nt)		
Sun Refining & Market	ing (56	₹m)			P.O. Bo	x 2039.	Tulsa.	OK 74	102			
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)							
GPM Gas Corp					4044 Pe	nbrook,			9762			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuali		When		0.0			
give location of tanks.	L	31	169			Yes		10-1-	92			
f this production is commingled with that i	from any oth	her lease or	r pool, g	ive commingl	ing order numi	DET:						
IV. COMPLETION DATA					New Well		Deepen	Plug Rack	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil We	il	Gas Well	I Mem Mell	MOLEOAEI	Deepen	i riug Daox	1			
Designate Type of Completion		ni Rasdu (to Prod		Total Depth	<u> </u>	1	P.B.T.D.	1,			
Date Spudded	Date Com	Date Compl. Ready to Prod.				•						
Claumtions (DE DED DT CD atc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)												
Perforations					· · · · · · · · · · · · · · · · · · ·			Depth Casir	ng Shoe			
	,	TUBING	, CAS	SING AND	CEMENTI	NG RECO	SD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
, loca oica	1							ļ				
								 				
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABL	E				in dandh on ha	for full 24 hou	ure)		
OIL WELL (Test must be after	recovery of	total volum	re of loa	d oil and mus	t be equal to o	r exceed top al lethod (Flow, p	nowable for th	etc.)	jor juli 24 noi	w 3./		
Date First New Oil Run To Tank	Date of T				Producing M	ieunod (<i>rio</i> w, p	ownp, gas iyi,	E+L./				
					Casing Pressure			Choke Size				
Length of Test	Tubing P	ressure			Casing Fies	v						
	Out Thu				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbl	s.										
								<u> </u>				
GAS WELL		6 Tr			Rhie Conde	nsate/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length o	ot Test			DOIS. CORIO	TOWARY IATIAICI.						
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Luoing I	riessure (Si	uurui)		Casing 1100	(
				ANGE	-							
VI. OPERATOR CERTIFIC	CATE C	F COM	1PLL	ANCE			NSER\	/ATION	DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedOCT 0 7 9							
is true and complete to the best of my	, KIIOW REUSE	ain belief		1	Dat	e Approv	ea	- +2" "				
(//) a la All.	W/	000	ell I	OU)	,	Total San Stand Stand	الاستان الإنابية المانية والانتاج المانية المانية المانية المانية المانية المانية المانية المانية المانية الم	ry e ni i i preme pengelia.	graphor wast			
Destry	1/1	eugi	en	yr _	∥ By	ORIGINA	i NTNET	មានទាស់ក្រាស់ ។ សមាទាស់ ទ	STA GAIN			
Signature Dorothy Houghton, R	egulat	orv Ad	mini	strator		1,11		an di Novimber	4			
Printed Name	<u></u>	~ -) - 1111	Tid	le	Titl	e						
10-5-92	91.	<u>5-682-</u>	<u> 3753</u>									
Date			Telepho	ne No.	11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.