

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BTA OIL PRODUCERS		Well API No. 30-025-30768
Address 104 S. Pecos; Midland, Texas 79701		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington, 8903 JV-P	Well No. 1	Pool Name, Including Formation Lovington, Penn N.E.	Kind of Lease <input checked="" type="checkbox"/> State Federal or Fee	Lease No. VB 0363
Location Unit Letter -G- : 2130 Feet From The North Line and 1980 Feet From The East Line Section 17 Township 16-S Range 37-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"/> Texas New-Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528; Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook; Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17
	Twp. 16	Rge. 37
	Is gas actually connected? Yes	When? 03-07-90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

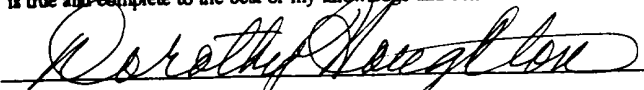
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
Dorothy Houghton Regulatory Administrator
Printed Name
03/07/90
Date
(915) 682-3753
Telephone No.

OIL CONSERVATION DIVISION

MAR 09 1990

Date Approved

By ORIGINAL SIGNED BY JERRY DENTON
DISTRICT SUPERVISOR

Title

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.

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P.O. Box 2088
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**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.	
Operator BTA OIL PRODUCERS	Well API No. 30-025-30768
Address 104 South Pecos, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 3/1/90 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington, 8903 JV-P	Well No. 1	Pool Name, Including Formation Lovington, Penn N.E.	Kind of Lease State Federal or Fee	Lease No. VB 0363
Location Unit Letter -G- : 2130 Feet From The North Line and 1980 Feet From The East Line Section 17 Township 16-S Range 37-E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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 G	Sec. 17
	Twp. 16	Rge. 37
	Is gas actually connected? NO	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

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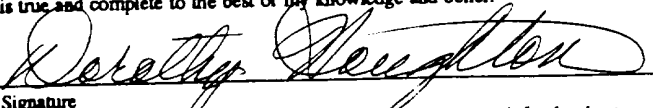
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
DOROTHY HOUGHTON Regulatory Administrator
Printed Name
2/26/90 **915/682-3753**
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1990

Date Approved _____
By **Eddie W. Seay**
Oil & Gas Inspector
Title _____

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

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RECEIVED

FEB 27 1961

COPIES
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Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-105
Revised 1-1-89

WELL API NO.	30-025-30768
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VB-0363

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Lease Name or Unit Agreement Name Lovington, 8903 JV-P			
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER _____	8. Well No. 1			
2. Name of Operator BTA OIL PRODUCERS	9. Pool name or Wildcat Lovington (Penn) N.E.			
3. Address of Operator 104 South Pecos, Midland, Texas 79701				
4. Well Location Unit Letter <u>-G-</u> : <u>2130</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>16-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County				
10. Date Spudded 1-16-90	11. Date T.D. Reached 2-11-90	12. Date Compl. (Ready to Prod.) 2-20-90	13. Elevations (DF & RKB, RT, GR, etc.) 3,826' GR 3,839' RKB	14. Elev. Casinghead
15. Total Depth 11,750'	16. Plug Back T.D. 11,584'	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools 11,750'	Cable Tools
19. Producing Interval(s), of this completion - Top, Bottom, Name 11,486' - 11,528' (Penn)				20. Was Directional Survey Made NO
21. Type Electric and Other Logs Run CN-LD; DLL-M-SFL; LSS				22. Was Well Cored NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.5	407'	17 1/2"	450 sx - Circ.	
8 5/8"	32	4,400'	11"	1800 sx - Circ.	
5 1/2"	17 & 20	11,750'	7 7/8"	2000 sx - Circ.	

LINER RECORD					TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	11,275'	11,275'

26. Perforation record (interval, size, and number) 11,486' - 11,528' w/ 1 SPF (43 holes)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL 11,486'-11,528' AMOUNT AND KIND MATERIAL USED A w/ 3,200 gals + ball sealers
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PRODUCTION

28. Date First Production 2-20-90		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Prod.	
Date of Test 2-21-90	Hours Tested 24	Choke Size 24/64	Prod'n For Test Period	Oil - Bbl. 543	Gas - MCF 969	Water - Bbl. 21	Gas - Oil Ratio 1785
Flow Tubing Press. 550	Casing Pressure Pkr	Calculated 24-Hour Rate	Oil - Bbl. 543	Gas - MCF 969	Water - Bbl. 21	Oil Gravity - API - (Corr.) 44.8°	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented - Pending P/L Connection						Test Witnessed By Bill Woodfin	
30. List Attachments C-104, Inclination, Logs							

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Dorothy Houghton Printed Name DOROTHY HOUGHTON Title Reg. Admin. Date 2/21/90

RECEIVED

FEB 22 1990

OCD
HOBBS OFFICE