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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

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 checked="" 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 type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 4-21-90
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co. -Div. of Koch Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024
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. Is gas actually connected? When ? G 17 16 37 NO

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-16-90	Date Compl. Ready to Prod. 2-20-90	Total Depth 11,750'	P.B.T.D. 11,584'					
Elevations (DF, RKB, RT, GR, etc.) 3,826' GR 3,839' RKB	Name of Producing Formation Penn	Top Oil/Gas Pay 11,486'	Tubing Depth 11,275'					
Perforations 11,486' - 11,528'			Depth Casing Shoe 11,750'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	407'	450 sx - Circ.					
11"	8 5/8"	4,400'	1800 sx - Circ.					
7 7/8"	5 1/2"	11,750'	2000 sx - Circ.					

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.)

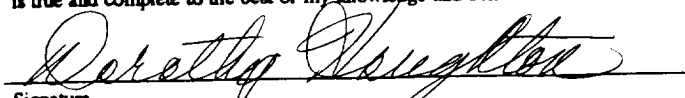
Date First New Oil Run To Tank 2-21-90	Date of Test 2-21-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 550	Casing Pressure Pkr	Choke Size 24/64
Actual Prod. During Test 543 Bbls.	Oil - Bbls. 543	Water - Bbls. 21	Gas- MCF 969

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 Admin.
Printed Name
2/21/90 915/682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 23 1990

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.

RECEIVED

FEB 22 1990

OCD
HOBSB OFFICE