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

State of New Mexico  
Energy, 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 II  
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator BTA OIL PRODUCERS		Well API No. 30-025-30834
Address 104 South Pecos, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington, 8903 JV-P	Well No. 2	Pool Name, Including Formation Lovington, N.E. - Penn	Kind of Lease <u>State</u> Federal or Fee	Lease No. VB 0363
Location Unit Letter <u>-H-</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>16-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>Lea</u> 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, N.M. 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? 4-25-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-27-90	Date Compl. Ready to Prod. 4-25-90		Total Depth 11,650'		P.B.T.D. 11,568'			
Elevations (DF, RKB, RT, GR, etc.) 3,819' GR 3,832' RKB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,474'		Tubing Depth 11,305'			
Perforations 11,474' - 11,508'					Depth Casing Shoe 11,650'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		418'		450 sx			
11"	8 5/8"		4,415'		1900 sx			
7 7/8"	5 1/2"		11,650'		2000 sx - TOC @ 800'			
	2 7/8" tbg		11,305'					

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.)

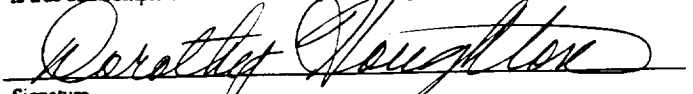
Date First New Oil Run To Tank 4-25-90	Date of Test 4-26-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 360	Casing Pressure Pkr	Choke Size 24/64"
Actual Prod. During Test 538 bbls	Oil - Bbls. 538	Water - Bbls. 18	Gas- MCF 490

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  
4/27/90  
Date  
915/682-3753  
Telephone No.

OIL CONSERVATION DIVISION  
APR 30 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.

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APR 30 1990

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