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

State of New Mexico

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		IUIA	ANS	PONT OIL	AND INA	I CHAL OF	70	Well A	PI No.				
Operator BTA Oil Producers	30-025-00869												
Address								-	<u> </u>				
104 S. Pecos, Mid		<u>79</u>	701			(DI	-i-1						
Reason(s) for Filing (Check proper box)		C	:- T	amendan of:		et (Please explo	aur)						
Vew Well	O:I	Change	Dry	sporter of:									
Recompletion	Oil Casinghea	ıd Gas	- -	densate	Ef	fective	11-	1-90					
change of operator give name			=	, Drawer	W Arte	sia NM	8	8210			-		
nd address of previous operator <u> </u>			JOLP	, brawer	w, 111 cc	D14, 1111		<u> </u>					
Lease Name			Pool	Name, Includir	g Formation			Kind o	Lease WY	v	ease No.		
Cinco de Mayo Fed	<u> </u>	1	SI	hinnery ((ueen			SURE;	ederal or Fe	MM392	2867		
cocation	,				7	1	000			Lloo#			
Unit LetterC	: <u>6</u>	60	Fect	From The	orth Lin	e and	900	Fo	t From The	West	Line		
Section 24 Towns	hip 18S		Ran	ge 32E	, N	MPM, L	ea				County		
II. DESIGNATION OF TRA	NSPORTE			ND NATUI							1		
Name of Authorized Transporter of Oil	1 700	or Cond	ensale		Address (Gn	ne address to w	hich a	pproved	copy of this jo	orm is 10 be se	NI)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved				copy of this form is to be sent)				
If well produces oil or liquids,	Unit	Sec.	Twp	n. Rge.	Is gas actually connected? Whe			When	1?				
f this production is commingled with th	at from any or	her lease (or nool	give commingly	ing order num	ber:		1					
V. COMPLETION DATA	= 110111 = 13 0		n pou,	B. 10 00112122				•		-			
Designate Type of Completio	n - (X)	Oil W	ell	Gas Well	New Well	Workover	1	еереп	Plug Back	Same Res'v	Diff Res'v		
te Spudded Date Compl. Ready to Prod.				Total Depth				P.B.T.D.					
					Top Oil/Gas Pay								
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Olu Gas Pay				Tubing Depth				
Perforations									Depth Casin	g Shoe			
		TUBINO	G, CA	SING AND	CEMENT	NG RECOF	RD.						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
													
V. TEST DATA AND REQU	EST FOR	ALLOV	VABL	LE	L				1				
OIL WELL (Test must be afte	er recovery of	otal volum	ne of lo	ad oil and must	be equal to o	r exceed top al	lowab	le for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of T	csi			Producing N	fethod (Flow, p	ownup,	gas lift, i	etc.)				
Length of Test	Tuhing D	Tubing Pressure				Casing Pressure				Choke Size			
The Part of Ive	recing L	THAIRE I ICOURTE											
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
	Tuking Danger (Charles)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
Testing Method (pitot, back pr.)	ot, back pr.) Tubing Pressure (Shut-in)					Casing 1 resourc (caree-in)					_ ,		
VI. OPERATOR CERTIF							NS	FRV	ATION	DIVISIO)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of r	ny knowledge	and belief		-	Dat	e Approve	ed)		
Warathe C	No11	a II Z	011	J	_				. 51/ :##=*	, ceurmali			
Signature	ing				∥ By_			<u>.gt.II</u>	(50 <mark>3V, Y6.)</mark> Georgeon	<u>SEX (SM</u> Na			
Dorothy Houghton, I	Reguláto	ry Adı	mini Ti		.	•			-				
Printed Name 10-29-90	9	15-68	•	-	Title	9							
10-29-90 Date			Telepho										

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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