

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
BTA OIL PRODUCERS

Address  
104 South Pecos Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)  
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EK -A-, 8701 JV-P	Well No. 1	Pool Name, including Formation EK (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No. NM51842
Location Unit Letter <u>H</u> : <u>2103</u> Feet From The <u>North</u> Line and <u>575</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>18-S</u> Range <u>33-E</u> , 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"/> <u>Navajo Refining Company T N M</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 152, Artesia, N.M. 88210</u>
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 <u>H</u> Sec. <u>25</u> Twp. <u>18-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>No</u> When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Dorothy Houghton DOROTHY HOUGHTON  
(Signature)  
Regulatory Supervisor  
(Title)  
5/13/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 19 1987, 19  
BY Paul Kautz Orig. Signed by  
Geologist  
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3-21-87	5-9-87		10,505'			9,980'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3,891' GR 3,905' RKB	Bone Springs		9,448'			9,470'			
Perforations						Depth Casing Shoe			
9,448' - 9,478'						10,505'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		406'		450 - Circ.			
11"		8-5/8"		3700'		1600 - Circ.			
7-7/8"		5-1/2"		10505'		1700 - Circ.			
		2-7/8"		9470'					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-10-87	5-12-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	--	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	88	44	35

#### 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

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