

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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, TX 79701

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
115-16 acres

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EK -B-, 8701 JV-P	Well No. 1	Pool Name, including Formation EK (Bone Spring) #8-SS3	Kind of Lease State, Federal or Fee Federal	Lease No. NM-5184
Location Unit Letter -E- ; 2,130 Feet From The North Line and 625 Feet From The West Line of Section 30 Township 18-S Range 34-E , NMPM, Lea Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co.	or Condensate	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. Transportation Dept.	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Box 2587, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 25
	Twp. 18-S	Rge. 33-E
	Is gas actually connected? Yes	
	When 6-15-87	

If this production is commingled with that from any other lease or pool, give commingling order number: N/A - Application
filed 6-8-87

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)
6/18/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 22 1987, 19

BY
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi
Separate Forms C-104 must be filed for each pool in mult completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Date Spudded 3-31-87	Date Compl. Ready to Prod. 6-14-87		Total Depth 9,900'		P.B.T.D. 9,812'				
Elevations (DF, RKB, RT, GR, etc.) 3,910' GR 3,924' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9,487'		Tubing Depth 9,474'				
Perforations 9,487' - 9,525'						Depth Casing Shoe 9,900'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		430'		450 sx - Circ				
11"	8-5/8"		3,715'		1600 sx - Circ				
7-7/8"	5-1/2"		9,900'		1700 sx				
	2-7/8"		9,474'		TOC @ 2,300'				

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 6-16-87	Date of Test 6-17-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 138 bbls	Oil - Bbls. 138	Water - Bbls. 76	Gas - MCF 98

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