

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

OIL CONSERVATION DIVISION

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

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. 30-025-30888
Address 104 S. Pecos; Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) Recompletion <input type="checkbox"/> Change in Transporter of: 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 French, 9004 JV-P	Well No. 1	Pool Name, Including Formation Corbin Wolfcamp, South	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 078148
Location Unit Letter <u>-P-</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>18S</u> Range <u>32E</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>Sun Refining &amp; Marketing</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2039; Tulsa, OK 74102</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   Sec.   Twp.   Rge.   Is gas actually connected?   When ? <u>P</u>   <u>24</u>   <u>18S</u>   <u>32E</u>   <u>no</u>

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 <u>06/13/90</u>	Date Compl. Ready to Prod. <u>09/06/90</u>	Total Depth <u>13,588</u>		P.B.T.D. <u>11,075</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3786' GR &amp; 3803' RKB</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>10,992</u>		Tubing Depth <u>10,847</u>				
Perforations <u>10,992 - 11,024</u>				Depth Casing Shoe <u>13,588</u>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>13-3/8</u>		<u>400</u>		<u>450 sx</u>			
<u>12-1/4</u>	<u>9-5/8</u>		<u>4500</u>		<u>2300 sx</u>			
<u>8-3/4</u>	<u>5-1/2</u>		<u>13588</u>		<u>3550 sx</u>			
	<u>2-7/8</u>		<u>9992</u>					

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 <u>09/06/90</u>	Date of Test <u>09/10/90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test <u>253 bbls</u>	Oil - Bbls. <u>253</u>	Water - Bbls. <u>590</u>	Gas - MCF <u>506</u>

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.

Dorothy Houghton  
Signature  
Dorothy Houghton, Regulatory Administrator  
Printed Name  
09/11/90  
Date  
(915) 682-3753  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 1990

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  
SEP 13 1990  
OCC  
HOUSING OFFICE