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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|---|---|------------------------------|
| Operator BTA Oil Producers | | Well API No. 30-025-31118 |
| Address 104 S. Pecos, Midland, TX 79701 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 8-1-91 | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" 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. 2 | Pool Name, Including Formation Corbin Wolfcamp, South | Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or <input type="checkbox"/> Mex | Lease No. NM078148 |
| Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>510</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"/> Texas N.M. Pipeline | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co | 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 P | Sec. 24 |
| | Twp. 18S | Rge. 32E |
| | Is gas actually connected? Yes | When ? |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.)

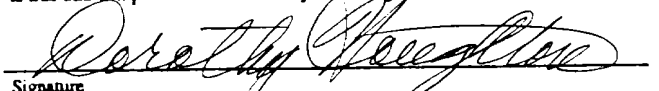
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (puot, 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
7-23-91 915-682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 25 1991

Date Approved

By JERRY SEXTON

FIELD SUPERVISOR

Title

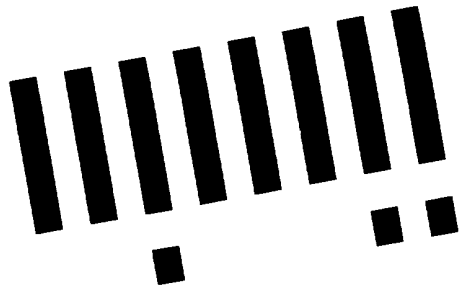
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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

JUL 24 1991

U.S. DEPT. OF JUSTICE
HOBBS & WILSON



LTR



Job separation sheet

OIL CONSERVATION DIVISION

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

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

I.

| | |
|---|---|
| Operator BTA Oil Producers | Well API No. 30-025-31118 |
| Address 104 S. 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 French, 9004 JV-P | Well No. 2 | Pool Name, Including Formation Corbin South (Wolfcamp) | Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee | Lease No. NM 078148 |
| Location Unit Letter I : 1980 Feet From The South Line and 510 Feet From The East Line Section 24 Township 18S Range 32E , 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"/> Sun Refining & Marketing | Address (Give address to which approved copy of this form is to be sent) P.O.Box 2039, Tulsa, OK 74102 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co., | 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 P | Sec. 24 | Twp. 18S | Rge. 32E | Is gas actually connected? When ? Yes 2-22-91 |

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 XX | Gas Well | New Well XX | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 1-8-91 | Date Compl. Ready to Prod. 2-20-91 | | Total Depth 11,430 | | P.B.T.D. 11,350 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3797' GR 3812' RKB | Name of Producing Formation Wolfcamp | | Top Oil/Gas Pay 11,108 | | Tubing Depth 9970 | | | |
| Perforations 11,108-11,124 | | | | | Depth Casing Shoe 11,430 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2 | 13-3/8 | | 416 | | 450 - Surf | | | |
| 11 | 8-5/8 | | 4480 | | 1800 - Surf | | | |
| 7-7/8 | 5-1/2 | | 11430 | | 2000 - Surf | | | |
| | 2-7/8 | | 9970 | | | | | |

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 2-20-91 | Date of Test 2-23-91 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure ---- | Casing Pressure ---- | Choke Size ---- |
| Actual Prod. During Test 201 | Oil - Bbls. 201 | Water - Bbls. 486 | Gas - MCF 234 |

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
2-25-91 915-682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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