

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. 30-025-31448
Address 104 S. Pecos, Midland, TX 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: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE	
Lease Name French -B-, 9004 JV-P	Well No. 1	Pool Name, Including Formation Quercho Plains, North / 32E	Kind of Lease State Federal or Foreign State
Lease No. NM078148			
Location Unit Letter I : 2310 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 74102-2039
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
Effective Date February 1, 1992	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? I 24 18S 32E No

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 12-3-91	Date Compl. Ready to Prod. 1-6-92
Elevations (DF, RKB, RT, GR, etc.) 3810' GR 3822' RKB	Name of Producing Formation Delaware
Perforations 5746-5892'	Total Depth 6100
	Top Oil/Gas Pay 5746
	Tubing Depth 5554
	Depth Casing Shoe 6110
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12-1/4	8-5/8
7-7/8	5-1/2
	2-7/8
	DEPTH SET
	519
	6110
	5554
	SACKS CEMENT
	400
	2250

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 1-6-92	Date of Test 1-7-92
Length of Test 24 hrs	Producing Method (Flow, pump, gas lift, etc.) Pump
Actual Prod. During Test 89 bbls	Tubing Pressure ---
	Casing Pressure ---
	Choke Size ---
	Water - Bbls. 149
	Gas - MCF 60

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		JAN 10 '92	
Signature Dorothy Houghton, Regulatory Administrator		Date Approved	
Printed Name 1-8-92		By ORIGINAL SIGNED BY JUDY HUTTON	
Title 915-682-3753		DISTRICT I SUPERVISOR	
Date Telephone No.		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.

REC'D

JAN 09 1992

GOV
HOBBS OFFICE