	EIVED	
DISTRIBUTE		
SANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator		

	DISTRIBUTION SANTA FE FILE U.S.G.S.			AUTHORIZ	EW MEXIC REC	Form C-104 Supersedes Old C-104 and C-116 Elfective 1-1-65						
•	LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE			32-025-02-048								
1.	Operator BTA OIL PRODUCERS											
	Address 104 South Pecos Midland, Texas 79701											
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:											
	Recompletion Oil X Dry Gas Effective 6/1/85 Change in Ownership Casinghead Gas Condensate											
	If change of ownership give and address of previous own		e		<u> </u>							
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
	Lease Name Union				cuum (G			1	State, Federal		0G 453	
	Location Unit Letter C		660	Feet From T	he Nort	th Line	• and1980)	Feet From T	h• West		
		7	Town	17 C			4-E	, NMPM,	Lea		County	
m	DESIGNATION OF TRAN	SPC)RT	ER OF OIL AN	ID NATUI	RAL GA	s					
****	Name of Authorized Transporter of Oil X or Condensate Phillips Petroleum Co Trucks						Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transport Phillips Petro				or Dry Gas		7584 Fr	nk Phil	Tips' Bld	f., Bartlesvil	le, OK 7400	
	If well produces oil or liquids give location of tanks.			Unit Sec.	Twp. 17-S	P.ge.	Is gas actua Yes	lly connected	1? Whe	4/13/62		
	If this production is commin	gled	with	that from any of	ther lease	or pool,	give commin	gling order	number:	CTB - 77		
IV.	Designate Type of Co	mple	etion) _ (X)	/ell Go	as Well	New Well	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Date Spudded	mp.		Date Compl. Read	y to Prod.		Total Depth		1	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, AN						CEMENTING PECOPO					
	HOLE SIZE						DEPTH SET			SACKS CEMENT		
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 allow able for this depth or be for full 24 hours)											
	OIL WELL Date First New Oil Run To T	anks		Date of Test	2010)	70. 1.110 00			pump, gas lif	t, 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. Conde	negte/MMCF	,	Gravity of Condensat	ie .	
	Testing Method (pitot, back p	ne 1		Tubing Pressure	(shut-in)) -	Casing Pres	sure (Shut-	in)	Choke Size		
	lesting Method (phot, such)											
VI.	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION APPROVED						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY ORIGINAL SIGNED BY EDDIE SEAY							
	0 ./					TITLE						
	Worathy Goughton DOROTHY HOUGHTON					This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.						
	(Signature) Regulatory Supervisor											
		(Title)					All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.					
		5/2/85 (Date)							well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple			
							complete	a wells.				