

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas

November 25, 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

BTA Oil Producers

UNION

, Well No. 1, in NE 1/4 NW 1/4,

(Company or Operator)

(Lease)

C, Sec. 17, T -17-S, R -34-E, NMPM, Vacuum Pool

Unit Letter

Lea

County. Date Spudded 10-22-61

Date Drilling Completed 11-11-61

Please indicate location:

Elevation 4093 GL Total Depth 4910 PBD 4890

Top Oil/Gas Pay 4667 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4667-77

Open Hole ----- Depth Casing Shoe 4910 Depth Tubing 4661

OIL WELL TEST -

Natural Prod. Test: ----- bbls. oil, ----- bbls water in ----- hrs, ----- min. Size ----- Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 47 bbls. oil, 2 bbls water in 24 hrs, ----- min. Size 18/64 Choke

GAS WELL TEST -

Natural Prod. Test: ----- MCF/Day; Hours flowed ----- Choke Size -----

Method of Testing (pitot, back pressure, etc.): -----

Test After Acid or Fracture Treatment: ----- MCF/Day; Hours flowed -----

Choke Size ----- Method of Testing: -----

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): A/3,000 gal.

Casing Tubing Date first new Press. --- Press. 100 oil run to tanks 11-22-61

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Vented

Remarks: -----

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved -----, 19-----

BTA Oil Producers

(Company or Operator)

OIL CONSERVATION COMMISSION

By: ----- (Signature)

By: -----

Title Production Superintendent

Send Communications regarding well to:

Title -----

Name BTA Oil Producers

Address 104 South Pecos, Midland, Texas