

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-101 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
(Place)

January 10, 1962
(Date)

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

BTA Oil Producers

UNION

Well No. 2, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A

Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

660' FNL - 660' FEL

Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8"	400	150
5-1/2"	4775	350
2-3/8"	4724	

County Date Spudded 12-6-61

Date Drilling Completed 12-28-61

Elevation 4081 GL Total Depth 4775' PBD 4752'

Top Oil/Gas Pay 4712' Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL -

Perforations 4712-22

Open Hole ---- Depth Casing Shoe 4775 Depth Tubing 4724

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 38 bbls. oil, 2 bbls water in 24 hrs, -- min. Size open

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/1,500, AF/4,500 gal. gelled acid w/3,500# SN.

Casing Tubing Date first new Press. --- Press. --- oil run to tanks 1-6-62

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Flared

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