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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

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  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): **THIS WELL GAS MUST NOT BE TREATED AS AN EXCEPTION TO R-407C TO OBTAIN.** 1/25/84

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Abo -D-, 7903 JV-P</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Double A Abo, South</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LG-6478</b>
Location Unit Letter <b>-F-</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>2229</b> Feet From The <b>West</b> Line of Section <b>30</b> Township <b>17-S</b> Range <b>36-E</b> , NMPM, <b>Lea</b> 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"/> <b>TESORO CRUDE OIL COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 17536, San Antonio, Texas 78286</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>584 Frank Phillips Bldg., Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks. Unit <b>-F-</b> Sec. <b>30</b> Twp. <b>17-S</b> Rge. <b>36-E</b>	Is gas actually connected? <b>No</b> When <b>Pending</b>

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 <b>10/25/83</b>	Date Compl. Ready to Prod. <b>11/25/83</b>	Total Depth <b>9350'</b>		P.B.T.D. <b>9268'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3879' GR</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>9116'</b>		Tubing Depth <b>9017'</b>				
Perforations <b>9116' - 9207'</b>				Depth Casing Shoe <b>9350'</b>				

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13-3/8"</b>	<b>406'</b>	<b>450</b>
<b>1"</b>	<b>8-5/8"</b>	<b>3500'</b>	<b>1585'</b>
<b>7-7/8"</b>	<b>5 1/2"</b>	<b>9350'</b>	<b>1000</b>

**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 Tanks <b>11/25/83</b>	Date of Test <b>11/26/83</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>400</b>	Casing Pressure <b>-0-</b>	Choke Size <b>18/64"</b>
Actual Prod. During Test <b>360</b>	Oil-Bbls. <b>360</b>	Water-Bbls. <b>-0-</b>	Gas-MCF <b>398</b>

**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. CERTIFICATE OF COMPLIANCE**

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.

**Bob K. Newland**  
(Signature)  
**BOB K. NEWLAND**  
Regulatory Administrator  
(Title)  
**11/28/83**  
(Date)

**OIL CONSERVATION COMMISSION**  
**NOV 30 1983**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY EDDIE SEAY**

TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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C.C.D.  
HOBBS OFFICE

FIELD Double A Abo, Scuth COUNTY Lea, NM OCC NUMBER \_\_\_\_\_

OPERATOR BTA Oil Producers ADDRESS 104 So. Pecos, Midland, Texas 79701

WELL NAME AND NUMBER 7903 JV-P Abo D #1

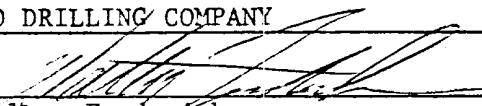
SURVEY 1980' FNL & 2310' FWL of Section 30 T-17-S R-36-E

RECORD OF INCLINATION

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>
406	3/4
906	3/4
1406	3/4
1900	1
2385	1/2
2492	1/4
3001	1/4
3380	1 1/4
3500	1
4015	1 1/4
4543	2
4750	3
4950	3
5156	3
5653	1 3/4
6186	1 3/4
6594	1 3/4
7118	1 3/4
7660	2
8157	3
8480	3 3/4
8994	3 1/2
9350	4

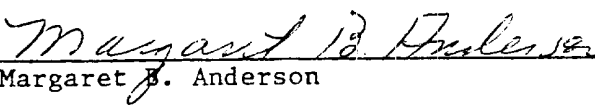
Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.

HONDO DRILLING COMPANY  
 BY:   
 Walter Frederickson  
 Vice President

Sworn and subscribed to before me the undersigned authority, on this the

28th day of November, 1983.

 Notary Public in and for Midland County, Texas.  
 Margaret B. Anderson