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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 1-1-85

I. Operator
BTA Oil Producers

Address
104 South Pecos Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abo, -D-, 7903	Well No. 2	Pool Name, including Formation Double -A- Abo, South	Kind of Lease State, Federal or Fee State	Lease No. LG-6478
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>901</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>17-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> 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"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 17536, San Antonio, TX 78286	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 584 Frank Phillips Bldg, Bartlesville, Ok 74004	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 30
	Twp. 17-S	Rge. 36-E
	Is gas actually connected? Yes	
	When 12-29-84	

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 11-19-84	Date Compl. Ready to Prod. 12-29-84		Total Depth 9316		P.B.T.D. 9225			
Elevations (DF, RKB, RT, GR, etc.) 3883' GR 3894' KB	Name of Producing Formation Abo		Top Oil/Gas Pay 9126'		Tubing Depth 9012			
Perforations 9126' - 9206 (43 holes)					Depth Casing Shoe 9316			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		407'		450			
11"	8-5/8"		3500'		1800			
7-7/8"	5-1/2"		9316'		1200			
5-1/2"	2-7/8" tbg.		9012'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 12-29-84	Date of Test 12-30-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 180	Casing Pressure -0-	Choke Size 20/64"
Actual Prod. During Test 318 Bbls	Oil-Bble. 318	Water-Bble. -0-	Gas-MCF 145

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Dorothy Vaughton
(Signature)
Regulatory Supervisor
(Title)
12/31/84
(Date)

OIL CONSERVATION COMMISSION
JAN - 2 1985
APPROVED _____, 19____
BY _____
ORIGINAL SIGNED BY _____
DISTRICT I SUPERVISOR
TITLE _____

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 multiphase completed wells.

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