

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

|                        |     |
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
BTA OIL PRODUCERS

Address  
104 South Pecos, Midland, Texas 79701

Reason(s) for filing (Check proper box)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of:               | <p>CASINGHEAD GAS MUST NOT BE PLACED AFTER 11/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</p> |
| <input type="checkbox"/> 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     |   |

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                     |
|---|---------------|--|--|---------------------|
| Lease Name<br>Turner, 8408 JV-P   | Well No.<br>1 | Pool Name, including Formation<br>Double -A- Lower (Abo) | Kind of Lease<br>State, Federal or Fee | Lease No.<br>V-1563 |
| Location  |               |  |  |                     |
| Unit Letter -D- : 990 Feet From The North Line and 660 Feet From The West |               |  |  |                     |
| Line of Section 21 Township 17-S Range 36-E NMPM, Lea County              |               |  |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

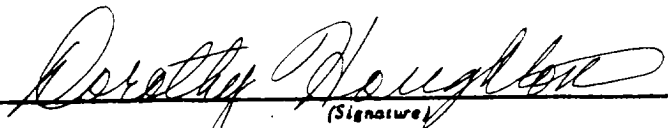
|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Sun Refining & Marketing Company   | P. O. Box 3187, Longview, TX 75606                                       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
|  |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | D 21 17S 36E No  |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
Regulatory Supervisor  
(Title)  
11/1/85  
(Date)

OIL CONSERVATION DIVISION  
NOV 5 - 1985  
APPROVED  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 multiple completed wells.

#### IV. COMPLETION DATA

|  |  |               |                          |               |          |                            |           |             |              |
|--|--|---------------|--------------------------|---------------|----------|----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)                       |  | Oil Well<br>X | Gas Well                 | New Well<br>X | Workover | Deepen                     | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded<br>9-24-85                                  | Date Compl. Ready to Prod.<br>10-29-85 |               | Total Depth<br>9600'     |               |          | P.B.T.D.<br>9515'          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>3871' GR 3885' RKB | Name of Producing Formation<br>Abo     |               | Top Oil/Gas Pay<br>9223' |               |          | Tubing Depth<br>9324'      |           |             |              |
| Perforations<br>9223' - 9292' 4" - 54 holes              |  |               |                          |               |          | Depth Casing Shoe<br>9600' |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD                     |  |               |                          |               |          |                            |           |             |              |
| HOLE SIZE  | CASING & TUBING SIZE                   |               | DEPTH SET                |               |          | SACKS CEMENT               |           |             |              |
| 17-1/2"  | 13-3/8"                                |               | 394                      |               |          | 450                        |           |             |              |
| 11"  | 8-5/8"                                 |               | 3,500                    |               |          | 1,800                      |           |             |              |
| 7-7/8"   | 5-1/2"                                 |               | 9,600 TOC @4100          |               |          | 1,600                      |           |             |              |
| 5-1/2"   | 2-7/8"                                 |               | 9,324                    |               |          |                            |           |             |              |

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 allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 10-26-85                        | 10-28-85        | Pump  |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24                              | --              | --  | --         |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |
| 210 bbls.                       | 210             | 0   | 340        |

## 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            |

**CONCLUSIONS**

NOV 4 - 1985

1990-1991