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Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRA	NSF	ORT OIL	AND NA	TURAL GA	<u>S</u>	<u> </u>			
Operator						Well API No.					
BTA 0il Producers						30-025-29553					
Address	1 M17	70701									
104 S. Pecos, Midland Reason(s) for Filing (Check proper box)	1, TX	79701			Oth	es (Please expla	زون				
New Wall	ı	Change in	Tonner	orter of:							
Recompletion	Oil		Dry C								
Change in Operator	Casinghead		Conde	_	Eff	ective 1	2-1-90				
If change of operator give name		<del></del>						· · · · · · · · · · · · · · · · · ·			
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Including				ng Formation		Kind o	Kind of Lease No. State, Fadara Karabas F_8581			
Midway, 8408 JV-P	1 Midway (A				bo)			ate, Faderick de Feet E-8581		:1	
Location											
Unit LetterG	. 20	)50	Feet F	rom The No	rthLin	and2310	Fee	t From The _	East	Line	
Section 13 Township	17-S		Range	36-E	, N	MPM,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
III DESIGNATION OF TRANSPORTED OF OU AND NATURAL CAS											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil TXX or Condensale Address (Give address to which approved copy of this form is to be sent)											
70760											
Phillips Petroleum Co Trucks 4001 Penbrook, Odessa, TX /9/62  Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
Phillips 66 Natural Gas Co. GPM Gas Corporation						2001 PEFFECTORE: Galessay 1x 19979762					
If well produces oil or liquids,		Sec.	Twp.	Rga	is gas actual	y connected?	When	?			
give location of tanks.		13 İ	17		Ye	.s	Ĺ				
If this production is commingled with that I	rom any othe	r lease or p	pool, g	ive comming)	ing order num	ber:					
IV. COMPLETION DATA	•	•		_							
		Oil Well	$\neg \Gamma$	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ			1					1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
					Top Oil/Gas						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Pay		Tubing Depth			
								Depth Casing Shoe			
Perforations						Depir Cas					
		··	<u> </u>	DIO AND	CIEN CENTRE	NC BECOR					
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET			OHORO OCINETTI			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLI	C	<u> </u>						
OIL WELL (Test must be after re	ecovery of lot	al volume	of load	i oil and must	be equal to o	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
					1						
Length of Test	gth of Test Tubing Pressure					TLE.		Choke Size			
								0			
Actual Prod. During Test					Water - Bbls.			Gas- MCF			
					<u> </u>			L	····		
GAS WELL											
Actual Prod. Test - MCF/D	Length of 1	est			Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				ــــــــــــــــــــــــــــــــــــــ			<u> </u>		<del></del>	
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		OIL CON	ICEDIA	ATIONI	טואופוע	M	
I hereby certify that the rules and regulations of the Oil Conservation							IOEH V	TION	אוסומורור	/1 <b>Y</b>	
Division have been complied with and that the information given above									r	-St	
is true and complete to the best of my knowledge and belief.						Approve	d	· · · · · · · · · · · · · · · · · · ·			
(1) 1 2 1 11.	XXIA	1	#		#						
Worklay States son					₩ Bv	By Orig. Signed by					
Signature Dorothy Houghton, Regulatory Administrator					Paul Kautz Geologist						
Printed Name  Tide						`	ੂੰ ਇੰਦ0	~~B-~ a			
11-27-90	91.	5/682-			Title	·					
Date .			nhone		Н						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.