

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

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:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
PRODUCED AFTER 8-1-86
UNLESS AN EXCEPTION TO RULE
1104 IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buckeye, 3601 JV-P	Well No. 1	Pool Name, Including Formation Vacuum, Grayburg - SA	Kind of Lease State, Federal or Fee	Lease No. Y-1688
Location				
Unit Letter -D-	330	Feet From The North	Line and 330	Feet From The West
Line of Section 29	Township 17-S	Range 36-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

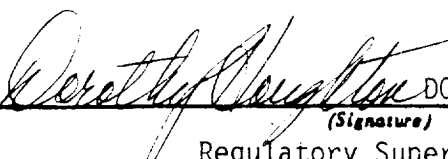
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3187, Longview, Texas 75606					
Name of Authorized Transporter of Casinghead 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 D	Sec. 29	Twp. 17-S	Rge. 36-E	Is gas actually connected? None	When

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.


DOROTHY HOUGHTON
(Signature)
Regulatory Supervisor
(Title)
6-12-86
(Date)

OIL CONSERVATION DIVISION

APPROVED  19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT SUPERVISOR

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 deviated 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

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
3-15-86	5-14-86			9900'			5240'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
3870' GR		San Andres			5050'			5188'	
Perforations							Depth Casing Shoe		
5050' - 5163'							9900'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	402	450 sx Circ.
11"	8-5/8"	4395	1800 sx Circ.
7-7/8"	5-1/2"	9900	1700 sx TOC @ 1200'
	2-7/8" thg	5188	

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.)		
6-1-86	6-11-86	Pump		
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --	
Actual Prod. During Test 17	Oil - Bbls. 17	Water - Bbls. 90	Gas - MCF TSTM	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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