Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

I.

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instruction

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
BTA Oil Producers								30-025-29692					
Address				 									
104 S. Pecos, Midland	d. TX	79701	L										
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	lain)						
New Well		Change in	Тталяро	rter of:									
Recompletion	Oil		Dry Ga										
Change in Operator	Casinghead		Conde	_	Eff	ective 1	12-1-	-90					
If change of operator give name													
and address of previous operator			,,										
II. DESCRIPTION OF WELL	AND LEA	SE								······································			
Lease Name Weil No. Pool Name, Include					ng Formation			Kind o	(Lease	37	Lease No.		
Midway, 8408 JV-P 3 Midway (A					lbo)			300,		* E-858	E-8581		
Location													
Unit LetterI	:23	10	Feat Pr	om The Sc	uth Lin	and _990	•	Fee	t From The .	East	Line		
Section 13 Township	17-S		Range	36-E	, NI	мРМ,	Le	a			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil	[XX]	or Condet			Address (Giv	e address to w	hick ap	proved	copy of this fo	orm is to be se	nt)		
Phillips Petroleum Co Trucks						4001 Penbrook, Odessa, TX 79762							
Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas 🔲	Address (Giv	e address to w	hich ap	proved	copy of this fo		ni)		
Philling 66 Natural	Gas Col	SPM G	ias Čo	rporatio	on 400 FFFE THY EN February a				ነ ነጻያ 2 79762				
If well produces oil or liquids,													
give location of tanks.		13	175	: -	Ye	•	i	*******	•				
If this production is commingled with that i	 	**			·								
IV. COMPLETION DATA	TORE MAY OUR	CI IOMAS OI	poor, gr	e community	ing Older halls								
IV. COMILETION DATA		Oil Well		ias Well	New Well	Workover	l n	pen	Diva Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	ION Men	' ' '	THE MOTE	I MEM METT	i Mourovei.	1 24	sheo i	ring Dack	i Iomne vera	i kesv		
		l Boods to	- l		Total Depth	<u>. </u>	.L	I	DDTD	<u> </u>	<u> </u>		
Date Spudded	Date Comp	a. Kemby u) Plud.		Total Deptil				P.B.T.D.				
					Ton All/Can		m. i - p. i						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
						<u> </u>				Depth Casing Shoe			
Perforations									Depth Casin	g Shoe			
	Т	UBING,	CASI	NG AND	CEMENTI	NG RECOR	<u> </u>						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	•			SACKS CEM	ENT		
		·											
													
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		· · · · · · · · · · · · · · · · · · ·								
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top all	owable.	for this	depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		-,		Producing Me	sthod (Flow, p	wnp, ga	s lift, el	(c.)				
Page of tag													
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	1 month Licentic												
Actual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF				
Lorent Liver Pulling Lear													
	<u> </u>				L				<u> </u>				
GAS WELL										· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Leagth of	COST			Bbls. Conden	sale/MMCF		_	Gravity of C	ondensale			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
W ODED ATOD CEDTIES	ATE OF	COM	OT TAN	CE			i	47	- , , , , , , , , , , , , , , , , , , ,	 			
VI. OPERATOR CERTIFIC				ندی	(DIL CON	NSE	RV/	HOITA	DIVISIO	N		
I hereby certify that the rules and regular Division have been complied with and				,]		-						
is true and complete to the best of my l			avu	•			اس			11 (4)			
	1/5//		a,		Date	Approve	: 0			- 45_+3 /			
Wal-Athie	/// n.		Th.)	11		Para						
- KONGHE WELGHOND					By Drig. Signed by								
Signature Dorothy Houghton, Re	.au1a+~4	V Adm	dniet	trator	-, -		P	aul I	Cautz				
Printed Name	Kulato	- J AUII	Tide		Tal -		M	<u>G</u> eolo	gist				
	Ω1	5/682-	•		Title								
11-27-90	71		enhane N	io.	H								

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.