

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 102 South Pecos; Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

THIS WELL HAS BEEN PLACED IN THE POOL

If change of ownership give name DESIGNATED BELOW. IF YOU DO NOT CONCUR
and address of previous owner NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midway, 8408 JV-P	Well No. 3	Pool Name, Including Formation Midway (Abo)	Kind of Lease State, Federal or Fee State	Lease No. E-8581
Location				
Unit Letter I	2310	Feet From The South	Line and 990	Feet From The East
Line of Section 13	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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528; Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook; Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 13	Twp. 17S	Rge. 36E	Is gas actually connected? Yes	When 7-8-86

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) DOROTHY HOUGHTON
Regulatory Supervisor
(Title)
7-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 deviatric 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
										X		X							
Date Spudded					Date Compl. Ready to Prod.					Total Depth					P.B.T.D.				
5-28-86					7-5-86					9,582'					9,364'				
Elevations (DF, RKB, RT, GR, etc.)					Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth				
3,811' GR					Abo					8,981'					8,995'				
Perforations															Depth Casing Shoe				
8,981' - 9,028'															9,582'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	397'	450 SX
11"	8-5/8"	4,400'	2,100 SX
7-7/8"	5-1/2"	9,582'	1,500 SX
	2-7/8"	8,995'	

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.)	
7-6-86	7-11-86	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	---	---	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
40 bbls	40	16	32

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

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