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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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)		Other (Please explain)
<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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buckeye -C-, 8601 JV-P	Well No. 2	Pool Name, including Formation Double -A- Abo, South	Kind of Lease State, Federal or Fee State	Lease No. V-1709
Location Unit Letter -D- : 990 Feet From The North Line and 330 Feet From The West Line of Section 36 Township 17-S Range 35-E, NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

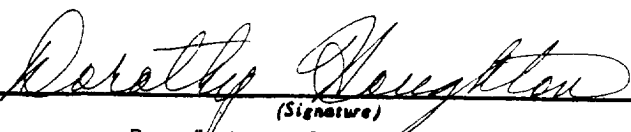
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: February 1, 1992 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	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.


(Signature)
Regulatory Supervisor
(Title)
7/17/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 20 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-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'
		X		X					
Date Spudded 6/6/87	Date Compl. Ready to Prod. 7/13/87		Total Depth 9,527'			P.B.T.D. 9,447'			
Elevations (DF, RKB, RT, GR, etc.), 3,900' GR 3,914' KB		Name of Producing Formation Abo		Top Oil/Gas Pay 9,102'			Tubing Depth 9,104'		
Perforations 9,102' - 9,108'						Depth Casing Shoe 9,527'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"		13-3/8"		405'			450 sx-Circ.		
11"		8-5/8"		4410'			1800 sx-TOC @1300		
7-7/8"		5-1/2"		9527'			1500 sx-TOC @700		
		2-7/8"		9104'					

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 7/15/87	Date of Test 7/16/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 248 bbls.	Oil - Bbls. 248	Water - Bbls. 170	Gas - MCF 205

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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