NO. OF COPIES RECE	IVED	
DISTRIBUTIO	N	$\perp$
SANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		$\Box$
TRANSPORTER	OIL	
INANSFORIER	GAS	$\Box$
OPERATOR		
PRORATION OF	ICE	
<del></del>		

}	SANTA FE					NE		REQUEST			IISSION		Form C-104 Supersedes Old C-104 and C-11					
	FILE			•	(LUCES		ND			Effective 1-1-65								
	U.\$.G.\$.	s.g.s. AUTHORIZATION TO								PORT	DIL AND	45						
	LAND OFFICE	<del>,</del>	<u> </u>															
	TRANSPORTER	OIL	<u> </u>															
	OPERATOR	GAS	-															
	PROPATION OF	FICE	$\vdash$	<del>                                     </del>														
•	Operator		<del>'</del>	1														
	BTA OIL	PRODU	<u>ICER</u>	S														
	Address 104 Sout	th Doc	.00		Mid1	and,	Toyar	s 7970	1									
	Reason(s) for filing			box)		anu,	Texas	5 /9/0	<del>-</del>	10	ther (Pleas	e explain)						
	New Well		•	·		ge in Tro	maporte	r of:		_								
	Recompletion				Oil		Z	Dry (	Gas		Effecti	ve 6/1	/85					
	Change in Ownershi	19			Casir	ighead G	α	Cond	ensate							<del></del>		
	If change of owner	ship giv	e nar	me														
	and address of pre	vious ov	vner .				·											
H.	DESCRIPTION OF WELL AND LEASE																	
	Pearl 692 Ltd.					Well No. Pool Name, Including Fo			Forma	i i							Lease No.	
	Location							queen		State, Federal or Fe						3 ta cc		
	Init!etter	'M'		660	O Feet	From T	he S	South t	.ine an	a 660		Feet F	rom T	he	dest			
	Unit Letter '' ; OOU Feet From The SOULT Lin																	
	Line of Section	31		Tow	mship	19		Range	35-	<u>E</u>	, NMPI	м,	Lea	L			County:	
III	DESIGNATION (	OF TRA	NSP	กรา	CER OF (	DIT. AN	D NAT	TURAL G	AS									
	Name of Authorized	Transpo	rter c	of O11	$\overline{\mathbf{x}}$	or Conde			Ad	dress (G	ive address	to which d	pprov	ed copy	of this form	n is to	be sent)	
	Phillips							· ·	40	<u>01 Pe</u>	<u>nbrook,</u>	0des	sa.	<u>Texas</u>	7976 ج	2		
	Name of Authorized							Gas 🗔 ation . 1	!	•	ive address		• •	• •	•		•	
	Phillips			um (	Unit EFFE	CIIVE	Febr	ege.	1776	4 Fra gas actu	NK PN11	IIDS B	lag.	<u>"Bar</u>	tlesvil	le.	OK 74004	
	If well produces oil give location of tan		18,		M	31	19	1		Yes			ì					
	If this production	is comm	ingle	d wit	h that from	n any o	ther les	ase or poo	i, give	commi	ngling ord	er number	:					
IV.	COMPLETION I					1011 W	/ell	Gas Well	Ne	w Well	Workover	Deepe	n	Plug B	ack Sam	Res'	v. Diff. Restv.	
	Designate Ty	pe of C	omp	letio	on - (X)	1		!	! !		!	1		1	1		1	
	Date Spudded	-		•	Date Com	pl. Read	y to Pro	od.	To	tal Depti	h			P.B.T	.D.			
	Florettes (DE DE	VD DT	<u> </u>		Name of 5		a Forma	tion	Te	p 011/G	ne Day			Tubine	Depth			
	Elevations (DF, RKB, RT, GR, etc.)					Name of Producing Formation				1.00 027 022 127								
	Perforations				<del></del>					[					epth Casing Shoe			
					<u></u>		100.0		NO 61	- WENT	NC DECO	80						
	HOLE SIZE					TUBING, CASING, AND CASING & TUBING SIZE					DEPTH !			SACKS CEMENT				
	HOLE SIZE				CASING E TOURS SIZE													
														ļ				
									_				<del></del>	<del> </del>	<del></del>			
••			TIES	T F	OP ALL	WADI	E /T				of total no	lume of los	d all a		he equal (	0.00.00	ceed top allow	
٧.	TEST DATA AN						اه ا	ble for this	depth	or be for	full 24 hou	re)						
	Date First New Oil	Run To	Tank	\$	Date of T	est			P	oducing	Method (Flo	ow, pump,	gas lif	i, etc.)				
	Length of Test					Tubing Pressure				Casing Pressure				Choke	Size			
	2014																	
	Actual Prod. Durin	g Test			Oil-Bbls	•			W	rter - Bbl	<b>.</b>			Gas-1	<b>JCF</b>			
					<u> </u>		<del></del>	-			-			l			<del>.</del>	
	GAS WELL													_				
	Actual Prod. Test	-MCF/D			Length o	I Test			В	ole. Con	iensate/MM	CF		Cravi	y of Conde	neate		
	Testing Method (p	itot, back	pr. )		Tubing P	ressure i	Shut-	ia)	C	sing Pro	essure (Shv	rt-in)		Choke	Size			
	Testing Method (p	,	·,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0											
VI.	CERTIFICATE	RTIFICATE OF COMPLIANCE								OIL CONSERVATION COMMISSION								
		in the second								APPROVED								
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given								m	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
	above is true and complete to the best of my knowledge and belief.							ا ا	BY									
										TITLE			<del>, , , , ,</del>		44 44	) i i		
	Dorethy Douglas DOROTHY HOUGHTON  Pagulatory Supervisor								This form is to be filed in compliance with RULE 1104.									
	W/or et L	1 W	W		on DO	<u>ROTHY</u>	HOUG	GHTON	_	76.			-11-4	vehle fo	or a nawly	delli	d or deepens	
	me and			(Sign	ature)					11	is form mi	ant he acc		nied by	r a tabulai	tion o	the devieti	
	(Signature) Regulatory Supervisor								_	A11	enctions.	of this fo	rm mu	at be f	illed out c	comple	tely for allo	

(Title) 5/2/85

(Date)

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

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

Separate Forms C-104 must be filed for each pool in multip

MAY 6 1985