Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico L. Ligy, Minerals and Natural Resources Department.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Dan	•							
L			R ALLOWAE							
TO TRANSPORT OIL AND NATURAL GAS							il API No.			
BTA Oil Producers					30-025-28743					
Address	. <u>5</u>						30 023	20713		
104 South Pecos,	Midl	and, T	rx 7970						!	
Reason(s) for Filing (Check proper box)		-		Oth	x (Please expla	zin)				
New Well			ransporter of:							
Recompletion \square	Oil		Ory Gas L.							
Change in Operator If change of operator give name	Casinghead	Gas 🔯 C	_ondensate		····					
and address of previous operator	 -									
II. DESCRIPTION OF WELL A	AND LEA	SE								
Lease Name		Well No.	Pool Name, Includi				f Lease No.			
Lynch, 8212 JV-F	<u> </u>	1	Lea Bone	Sprin	g, Sout	h XX	Federal orxFge	NM2	0979	
Location										
Unit LetterJ	.: <u>19</u>	<u>80 </u>	Feet From The	South Lin	and19	80 Fe	t From The _	East	Line	
Section 24 Township	205	FOTT 6	agrgy Corp). NI	ирм.	Lea			County	
					nrwi,	<u> </u>			County	
III. DESIGNATION OF TRANS	SPORTE	3 21 831	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Enron Oil Trading	P.O.Box 1188, Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing		EFFEC!	MVE: Februa	Address (Giv	g address to wi	hich approved	copy of this for			
Phillips 66 Natura		Co GP	M Gag Com	4 0 0 1 P	enbrook	, Udes When		797	62	
If well produces oil or liquids, give location of tanks.			Twp. Rge. 20S 34E	Yes	y connected?	wnen		-8-90		
If this production is commingled with that f	L L	24			ner:			-0-90		
IV. COMPLETION DATA	tom any one	100 51 p.	July 3 0.00 Community					-		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	1	<u></u>	<u> </u>		<u>, </u>		<u></u>	
Date Spudded	Date Comp	i. Ready to I	Prod.	Total Depth			P.B.T.D.			
	Top Oil/Gas Pay			The Death						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ination	1.00 0.10 0.10 1.00			Tubing Depth			
Perforations				Depth Casing Shoe						
	CEMENTI	NG RECOR	D							
HOLE SIZE	CAS	SING & TUE	BING SIZE	DEPTH SET			SACKS CEMENT			
							1			
	 						 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after r	ecovery of to	ial volume o	of load oil and mus	t be equal to or	exceed top all	owable for thi	s depth or be f	or full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of Tes		<u></u>	Producing M	ethod (Flow, p	ump, gas lift, e	tc.)			
							Choke Size			
Length of Test Tubing Pressure				Casing Press	ше		Choke Size			
							Gas- MCF			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Cas- MCI			
	<u> </u>									
GAS WELL							10			
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				County treasure (mine.m)						
			T T A DIOCE	┦┌──		<u> </u>			 	
VL OPERATOR CERTIFIC	ATE OF	COMP	LIANCE		OIL CO	NSERV	ATION I	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and										
is true and complete to the best of my	Date	Date Approved			Ų					
(1)	13/		91	Dall	2 Whi 046					
1 of aller	Me	end	CAU)	D.		Orig. Sig	Illeu -			
Signature					By Orig. Signed Kentz Paul Kentz Geologist					
Dorothy Houghton,	Regu	atory	Admn.			" Migeon	1810A			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

10-10-90 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

-3753 Telephone No.

- 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.

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