

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BTA OIL PRODUCERS		Well API No. 30-025-30468
Address 104 South Pecos, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gem, 8705 JV-P	Well No. 2	Pool Name, Including Formation Gem (Morrow) East	Kind of Lease State State, Federal or Fee	Lease No. V-2199
Location Unit Letter -C- : 660 Feet From The North Line and 2310 Feet From The West Line Section 2 Township 20-S Range 33-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co. - Trucks	4001 Penbrook, Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 2	Twp. 20	Rge. 33	Is gas actually connected? NO yes	When? 1-20-89
If this production is commingled with that from any other lease or pool, give commingling order number: Pending						

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 11-9-88	Date Compl. Ready to Prod. 1-11-89		Total Depth 13,630'		P.B.T.D. 13,523'			
Elevations (DF, RKB, RT, GR, etc.) 3,589' GR 3,609' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,199		Tubing Depth 13,118			
Perforations 13,199' - 13,226'					Depth Casing Shoe 13,630			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	1,360'	2400 sx - Circ
12 1/4"	9 5/8"	5,476'	1600 sx - Circ
8 3/4"	7"	12,570'	1900 sx - Circ
6 1/8"	5" liner	12,167' - 13,630'	200 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

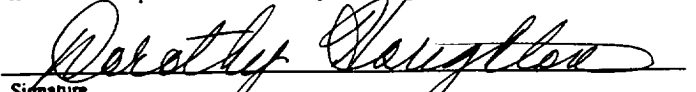
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2500	Length of Test 24 hrs	Bbls. Condensate/MMCF 25000	Gravity of Condensate 54.1°
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 4250	Casing Pressure (Shut-in) Pkr.	Choke Size Adj.

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
DOROTHY HOUGHTON Regulatory Administrator
Printed Name
1/12/89 (915) 682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 25 1989

Date Approved

By 

Title

Orig. Signed by
Paul Kautz
Geologist

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.

RECEIVED

JAN 16 1960

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MOSES