

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator BTA Oil Producers		Well API No. 30-025-30977
Address 104 S. Pecos, Midland, TX 79701		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
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. 3	Pool Name, Including Formation Gem, East Morrow	Kind of Lease State, Federal or Fee	Lease No. V-2199
Location				
Unit Letter	0	: 660	Feet From The South	Line and 1980
Section	2	Township	20S	Range 33E, 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"/> Phillips Petroleum - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 2
	Twp. 20S	Rge. 33E
	Is gas actually connected? No Yes	
	When? 12-14-90 (Est.) 12-20-90	

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 9-28-90	Date Compl. Ready to Prod. 12-2-90		Total Depth 13,700			P.B.T.D. 13,627		
Elevations (DF, RKB, RT, GR, etc.) 3579' GR 3593' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,534			Tubing Depth 13,350		
Perforations 13,534-13,588'				Depth Casing Shoe 13,700				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	1385	2100 sx - surface
17-1/2"	13-3/8	3100	2200 sx - surface
12-1/4	9-5/8	5462	1600 sx - surface
8-3/4	5-1/2	13700	2900 sx - surface

**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.)

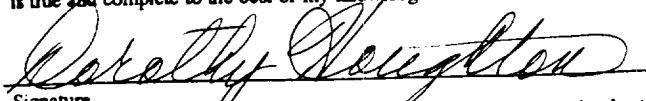
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D 1852	Length of Test 24 hrs	Bbls. Condensate/MMCF .0206	Gravity of Condensate 52.3
Testing Method (pilot, back pr.) orifice meter	Tubing Pressure (Shut-in) 3700 psi	Casing Pressure (Shut-in) pkr	Choke Size 11/64"


**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  
12-10-90  
Date  
915-682-3753  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved

By   
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

Title

**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.