

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. 30-025-31183
Address 104 S. 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 Aline, 9012 JV-P	Well No. 1	Pool Name, Including Formation Wildcat Laguna Valley	Kind of Lease (State) Federal or Fee	Lease No. V-2465
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 36 Township 20-S Range 34-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) Sun Refining & Marketing Co. P. O. Box 2039; Tulsa, OK 74102-2039					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Natural Gas Pipeline Co. of America P. O. Box 1208; Lombardi, IL 60148-1208					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Tw. 20S	Rge. 34E	Is gas actually connected? yes	When? 8-1-91

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
		X	X					
Date Spudded 3/21/91	Date Compl. Ready to Prod. 5/24/91	Total Depth 13,760		P.B.T.D. 13,710				
Elevations (DF, RKB, RT, GR, etc.) 3746' GR 3763' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,671		Tubing Depth 13,352			
Perforations 13,671' - 13,675'					Depth Casing Shoe 13,760			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		1693'		1750			
12-1/4"	9-5/8"		5500'		2500			
8-3/4"	5-1/2"		13760'		3935			
	2-7/8" tbg		13352'					

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 2320	Length of Test 24 hrs	Bbls. Condensate/MMCF .019	Gravity of Condensate 58
Testing Method (pilot, back pr.) orifice plate	Tubing Pressure (Shut-in) 5825	Casing Pressure (Shut-in) pkr	Choke Size 9/64

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.

Dorothy Houghton
Signature
Dorothy Houghton, Regulatory Administrator
Printed Name
06/07/91
Date
(915) 682-3753
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

100-100000

JUN 10 1981

CRF
HOBBS OFFICE