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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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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. 30-025-31271
Address 104 S. Pecos, Midland, TX 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 checked="" 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	

Lease Name Gem, 8705 JV-P		Well No. 5	Pool Name, including Formation Teas (Bone Spring)	Kind of Lease State, Federal, or Private	Lease No. V-2199
Location					
Unit Letter M	:	660	Feet From The South	Line and 810	Feet From The West
Section 2	Township 20-S	Range 33-E	NMPM,		Lea County

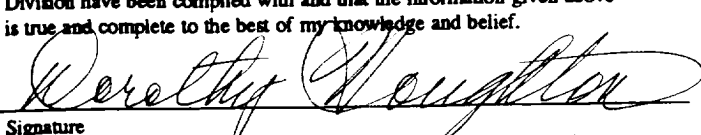
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Texas N.M. Pipeline		P.O.Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Co. EFFECTIVE: February 1, 1991		4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 2	Twp. 20S
		Range 33E	
Is gas actually connected?		When ?	
Yes		8-27-91	

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

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-5-91	Date Compl. Ready to Prod. 8-27-91		Total Depth 10,340		P.B.T.D. 10,257			
Elevations (DF, RKB, RT, GR, etc.) 3578' GR 3592' RKP	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9278		Tubing Depth 9988			
Performances 9278'-10216'			Depth Casing Shoe 10340					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		1400		2200			
17-1/2	13-3/8		3100		2100			
11	8-5/8		5490		1700			
7-7/8	5-1/2		10340		1500			

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 8-27-91	Date of Test 9-7-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 38 bbls	Oil - Bbls. 38	Water - Bbls. 138	Gas- MCF 25

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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	Title
9-10-91	915-682-3753
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	
By	ORIGINAL SIGNATURE OF 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.

RECEIVED

SEP 11 1991

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HOBBS OFFICE