

OIL CONSERVATION DIVISION

**Hobbs**  
P.O. Box 1980  
Hobbs, NM 88240

**Artesia**  
P.O. Drawer DD  
Artesia, NM 88210

**Astec**  
1000 Rio Brazos  
Aztec, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection	<u>xx</u>	First Delivery	<u>2-3-88</u>	<u>                    </u>
			Date	Initial Potential
Reconnection	<u>      </u>	First Delivery	<u>                    </u>	<u>                    </u>
			Date	Initial Potential
Disconnection	<u>xx</u>	Change from meter 27531		

for delivery of gas from the Bta Oil Producers  
**Operator**  
Maddox Federal "B" 8016 JVP  
**Lease**  
090102          6C6  
Meter Code      Site Code  
1                  F  
Well No.      Unit Letter      35-22-34  
**S-T-R**  
Antelope Ridge Morrow  
**Pool**

was made on 2-3-88  
date

                      
AOF

                      
Choke

Phillips 66 natural Gas Company  
**Transporter**

**OCD use only**  
County Lea  
Land Type Fed  
Liq. Transporter San Ref

J. M. Hastings          Production Records Supervisor  
**Representative Name/Title**  
(Please type or print)  
J. M. Hastings  
**Representative Signature**

Submit in duplicate to the appropriate district office.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
BTA OIL PRODUCERS

Address  
104 South Pecos Midland, TX 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate

Other (Please explain)  
Effective 3/1/88

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maddox Fed. -B-, 8016 JV-P	Well No. 1	Pool Name, including Formation Antelope Ridge (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2376
Location Unit Letter "F" ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 35 Township 22-S Range 34-E, NMPM, Lea Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

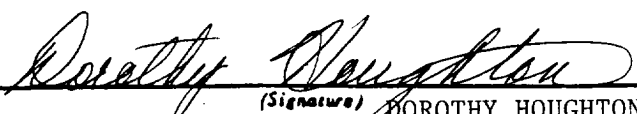
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing	P. O. Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 35 22-S 34-E	Yes

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

  
(Signature) DOROTHY HOUGHTON  
Regulatory Supervisor  
(Title)  
2/22/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
TITLE \_\_\_\_\_ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size