

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 S. Pecos Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain) Effective 10-1-88

<input type="checkbox"/> New Well	Change in Transporter of:	<u>Change lease name from Federal 24-34 #1</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Maxus Exploration Co. P.O. Box 10397 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Maxus -B-, 8206 JV-P</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Antelope Ridge (Atoka)</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>19143</u>
Location Unit Letter <u>N</u> <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>22-S</u> Range <u>34-E</u> NMPM. <u>Lea</u> 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"/> <u>Sun Refining & Marketing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2039, Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>BTA Oil Producers</u>	Address (Give address to which approved copy of this form is to be sent) <u>104 S. Pecos Midland, TX 79701</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>34</u> Twp. <u>22-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>YES</u> When _____

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.

Dorothy Naughton
(Signature)
Regulatory Administrator
(Title)
9/29/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Orig. Signed by
Paul Kautz
Geologist
TITLE _____

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

OIL CONSERVATION DIVISION

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

Aztec
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> </u>	First Delivery	<u> </u>	<u> </u>	<u> </u>
			Date		Initial Potential
Reconnection	<u>XX</u>	First Delivery	<u>10-1-88</u>		629 MCF/D
			Date		Initial Potential
					Delivery

Disconnection PURCHASE OF WELL FROM MAXUS EXPLORATION CO.

for delivery of gas from the BTA Oil Producers
Operator

Maxus -B-, 8026 JV-P
Lease

<u>371135</u>	<u>Station 3</u>	<u>2</u>	<u>N</u>	<u>34, T-22-S, R-34-E</u>
Meter Code	Site Code	Well No.	Unit Letter	S-T-R

Antelope Ridge (Atoka)
Pool

was made on 10-1-88
date

AOF

Choke

BTA Oil Producers
Transporter

OCD use only

County Lea

Land Type Federal

Liq. Transporter SRM

Dorothy Houghton, Regulatory Administrator
Representative Name/Title
(Please type or print)

Dorothy Houghton
Representative Signature

Submit in duplicate to the appropriate district office.