

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, Texas 79701

Reason(s) for filing (Check proper box)

<input checked="" 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 type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chiso -C-, 8711 JV-P	Well No. 1	Pool Name, including Formation Ojo Chiso (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. V-2545
Location				
Unit Letter -C- : 660 Feet From The North Line and 2310 Feet From The West				
Line of Section 23 Township 22-S Range 34-S NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

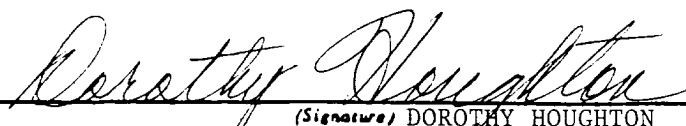
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing Co.	P. O. Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	P. O. Box 1320, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
C 23 22-S 34-E	NO 9-23-88

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)
9/9/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY _____
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 deviate 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 condition.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			X	X					
Date Spudded		Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
6-29-88		9-6-88			13,350		13,271		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
3458' GR, 3478' KB		Morrow			12,667		12,557'		
Perforations							Depth Casing Shoe		
12,667' - 12,823'							13,350		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	1,225'	1400 sx - Circ
14 3/4"	10 3/4"	5,000'	3000 sx - Circ
9 1/2"	7 5/8"	11,210' DV 6,002'	2600 sx
6 1/2"	5" liner	10,811' - 13,350'	360 sx

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
4400	24 hrs	91,670	48°
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice meter	6500 psi	Pkr	Adj

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