

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 S. Pecos Midland, Texas 79701

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Chiso -D-, 8711 JV-P

Well No.
1

Pool Name, including Formation
Ojo Chiso (Morrow)

Kind of Lease
State, Federal or Fee State

Lease No.
LG-7267

Location

Unit Letter -K- : 1980 Feet From The South Line and 2310 Feet From The West

Line of Section 23 Township 22-S Range 34-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Sun Refining & Marketing Co.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2039, Tulsa, OK 74102

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Llano, Inc.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1320, Hobbs, N.M. 88240

If well produces oil or liquids, give location of tanks.

Unit K Sec. 23 Twp. 22-S Rge. 34-E

Is gas actually connected? ☒ NO ☐ YES

When 12-15-88

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.

Dorothy Vaughton
(Signature)
Regulatory Administrator
(Title)
12-7-88
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 22 1988**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 all wells 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			XX	XX					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
9-20-88	12-2-88			13,375			13,350		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3447'GR 3467'RKB	Morrow			12,816			12,494'		
Perforations							Depth Casing Shoe		
12,816' - 12,826'							13,375'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	1200	1400-Circ
14-3/4	10-3/4	5000	4040-Circ
9-1/2	7-5/8	11,200 DV @ 5998'	2200-Circ
6-1/2	Liner 5"	10,762-13,375	350

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 oil able 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
5,200	24 hrs.	21,667	48°
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orific Meter	6500 psi	Pkr	Adj.

DEC 8 1988

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