

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator BTA OIL PRODUCERS		Well API No. 30-025-30661
Address 104 S. Pecos; Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maxus -B-, 8026 JV-P	Well No. 3	Pool Name, Including Formation Antelope Ridge (Atoka)	Kind of Lease State, (Federal) or Fee	Lease No. NM 19143
Location Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line Section 34 Township 22-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Corporation Koch oil Co	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725; Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas BTA Oil Producers	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 104 S. Pecos; Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34
	Twsp. 22S	Rge. 34E
	Is gas actually connected? No	
	When? 1-4-90	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-06-89	Date Compl. Ready to Prod. 12/21/89	Total Depth 13,500	P.B.T.D. 13,385					
Elevations (DF, RKB, RT, GR, etc.) 3403' GR 3423' RKP	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,303	Tubing Depth 12,037					
Perforations 12,303 - 12,319' (33 holes) 2 JSPF			Depth Casing Shoe 13,500					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	1,727	2,900					
17-1/2"	13-3/8"	5,180	3,312					
12-1/4"	9-5/8"	11,700	4,000					
8-1/2"	Liner 5-1/2"	11,311 - 13,500	625					

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	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 1066	Length of Test 24	Bbls. Condensate/MMCF 61	Gravity of Condensate 54° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 305	Casing Pressure (Shut-in) Pkr	Choke Size 3/4"

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  
Thomas J. Williams  
Printed Name  
Thomas J. Williams  
Date  
12/22/89  
Title  
Production Engineer  
Telephone No.  
(915) 682-3753

OIL CONSERVATION DIVISION  
JAN 05 1990

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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

DEC 26 1989

CCO  
HOBBS OFFICE