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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. 30-025-30733
Address 104 S. Pecos, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 Ojo Chiso Fed, 8817 JV-P	Well No. 3	Pool Name, Including Formation Antelope Ridge Morrow	Kind of Lease State Federal Oil Gas	Lease No. NM43564
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>22S</u> Range <u>34E</u> , 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) 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) 104 S. Pecos, Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? M 26 22S 34E No yes 2-5-92

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
		XX	XX					
Date Spudded 10-13-91	Date Compl. Ready to Prod. 1-15-92		Total Depth 13,572		P.B.T.D. 12,938			
Elevations (DF, RKB, RT, GR, etc.) 3421' GR 3446 RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,040		Tubing Depth 12,883			
Perforations 12,870 - 12,883					Depth Casing Shoe 13,568			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		1950		1900			
12-1/4	9-5/8		5224		2500			
8-3/4	7		11814		2100			
6-1/4	5		13568		250			

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.)

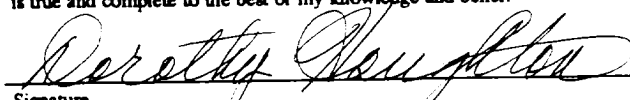
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 3500	Length of Test 24 hrs	Bbls. Condensate/MMCF .036	Gravity of Condensate 56
Testing Method (pilot, back pr.) Orifice plate	Tubing Pressure (Shut-in) 2035 psi	Casing Pressure (Shut-in) Pkr	Choke Size 48/64

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
Dorothy Houghton, Regulatory Administrator
Printed Name
Date 1-21-92 Telephone No. 915-682-3753

OIL CONSERVATION DIVISION

Date Approved FEB 1 1992
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.