

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BTA Oil Producers	Well API No. 30-025-26666
Address 104 S Pecos, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> FLARED AFTER 12 1 92 Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> UNLESS AN EXCEPTION TO R-4070 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> IS OBTAINED.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BZ" State, 8817 JV-P	Well No. 1	Pool Name, Including Formation Grama Ridge, L. Bone Springs	Kind of Lease State, FEDERAL XXXX	Lease No. B-158-3
Location Unit Letter N : 730 Feet From The South Line and 2050 Feet From The West Line Section 26 Township 21S Range 34E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	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 type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 21S	Rge. 34E	Is gas actually connected? No	When ?

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 XX	Gas Well	New Well	Workover XX	Deepen XX	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 8-24-92 (W/O)	Date Compl. Ready to Prod. 10-7-92		Total Depth 13,350			P.B.T.D. 10,820		
Elevations (DF, RKB, RT, GR, etc.) 3689' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 10,100			Tubing Depth 9947		
Perforations 10,100-10,130				Depth Casing Shoe 11,080				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	Same							
	2-7/8		9912					

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 10-7-92	Date of Test 10-10-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 19 bbls	Oil - Bbls. 19	Water - Bbls. 30	Gas - MCF 33

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
10-12-92
Date
915-682-3753
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
OCT 22 '92

Orig. Signed by
Paul K...
By

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.