STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		1	T-	
SANTA PE		_	 	
FILE		1		
U.S.O.S.		1	_	
LAND OFFICE		1		1
TRANSPORTER	OIL	1	_	į
	GAS			ľ
OPERATOR				
PROBATION 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

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

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
BTA OIL PRODUCERS			
104 S. Pecos Midland, Texas 70701			
Recoon(s) for filing (Check proper box)			
New Well Change in Transporter of:	Other (Please explain)		
	Out Dry Gas Effective 12-1-88		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Didge OOOC IV D	erae N		
Ridge, 8006 JV-P 1 Antelope Ri	dge (Morrow) State LG-1091		
Unit Letter J : 1980 Feet From The South Li			
Line of Section 14 Township 23-S Range	34-E , NMPM, 193		
	LCa Count		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cit or Condensate (X)	L GAS		
Sun Refining & Marketing Co.	Addiess (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. Box 2039, Tulsa, OK 74102 Address (Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, TX 79762		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? , when		
give location of tanks. J 14 23-S 34-E	YES		
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	OIL CONSERVATION DIVISION		
11			
been complied with and that the information given is true and complete to the best of	APPROVED NOT LO 19		
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON		
A 11	DISTRICT I SUPERVISOR		
(1) +4A (21/2 41			
Marellit Wall of Cor	This form is to be filed in compliance with RULE 1104. If this is a request for sliowable for a newly drilled or deepen		
Pagulaton Administration	I Walls this four must be accompanied by a tabulastan at the con-		
Regulator Administrator	tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allo		
11-2-88	sole on new and recompleted wells.		
(Date)	Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition		
11	Samuel Farma C 104		

RECEIVED

NOV 9 1988 HOBBS OFFICE