

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 South Pecos Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	
<input checked="" type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson State, 8006 JV-P	Well No. 1-Y	Pool Name, including Formation Antelope Ridge (Atoka) Gas	Kind of Lease State, Federal or Fee State	Lease No. L-5394 IC-1126
Location				
Unit Letter -C- ; 860 Feet From The North Line and 1980 Feet From The West				
Line of Section 11 Township 23-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

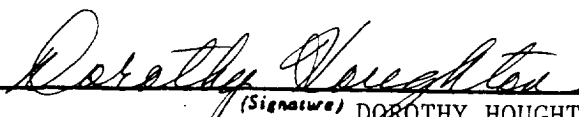
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company - Trucks	4001 Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead 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)
Phillips 66 Natural Gas	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 11 23-S 34-E	Yes 4-20-88

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.


(Signature) DOROTHY HOUGHTON
Regulatory Supervisor
(Title)
4/25/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY _____
DISTRICT 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 deepened 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 allowable 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 multiphase 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.
			X		X		X		
Date Spudded 4-11-88 (W/O)	Date Compl. Ready to Prod. 4-20-88		Total Depth 13,410'			P.B.T.D. 13,158'			
Elevations (DF, RKB, RT, GR, etc.) 3,370' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,117'			Tubing Depth 11,892'			
Perforations 12,117' - 12,158'						Depth Casing Shoe 13,410'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	4,800'	3900
12-1/4"	9-5/8"	11,700'	3400
8-1/2"	liner 7-5/8"	11,362' - 12,748'	300
6-1/2"	5"	12,436' - 13,410'	225

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 2893	Length of Test 24 hrs.	Bbls. Condensate/MMCF 91	Gravity of Condensate 61°
Testing Method (pilot, back pr.) Orifice plate	Tubing Pressure (Shut-in) 3200	Casing Pressure (Shut-in) Pkr.	Choke Size 14/64"

HOBBS OFFICE

OCD

APR 26 1988