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CONFIDENTIAL

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator BTA Oil Producers	Well API No. 30-025-31613
Address 104 S. Pecos, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Hudson State Com,8016JV-F	Well No. 2	Pool Name, Including Formation Antelope Ridge, Atoka	Kind of Lease State, Federal or Fee	Lease No. LG-1025
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>23S</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)
Sun Co., Inc. (R&M)	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)
BTA Oil Producers	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 ?
	E 11 23S 34E Yes 11-16-93

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		XX		
Date Spudded 11-10-93 W/O	Date Compl. Ready to Prod. 11-16-93	Total Depth 13,387		P.B.T.D. 13,015				
Elevations (DF, RKB, RT, GR, etc.) 3366 GR 3380 RKB	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,204		Tubing Depth 12,114				
Perforations 12,204-12,235				Depth Casing Shoe 13,387				
No Change								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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 11-26-93 4742	Length of Test 24 hrs	Bbls. Condensate/MCF 28395 GOR	Gravity of Condensate 55.9
Testing Method (pilot, back pr.) Orifice plate	Tubing Pressure (Shut-in) 6905 psi	Casing Pressure (Shut-in) Pkr	Choke Size 20/64

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.

Dorothy Houghton
Signature
Dorothy Houghton, Regulatory Administrator
Printed Name
12-3-93 (915)682-3753
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 08 1993
By Paul Kautz Orig. Signature
Geologist
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.

2A Antelope Ridge
Morrow