Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

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

## State of New Mexico Ener<sub>67</sub>, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1.		O TRA	NSI	PORTOIL	. AND NA	TURAL G					
Operator								API No.			
BTA Oil Producers							30	-025-310	513		
Address											
104 S. Pecos, Midl	and, TX	/9	701						_:		
Reason(s) for Filing (Check proper box) New Well		Channa in	T			er (Please expl	avn)				
	Oil	Change in		• • • • • • • • • • • • • • • • • • • •							
			Dry (	_							
Change in Operator	Casinghead		C080	ensate							
and address of previous operator											
II. DESCRIPTION OF WELL		CIC.									
Lease Name		Well No.	Pool	Name, Includi	ng Formation		Vind	of Lease			
Hudson State, 8016					-			of Lease Lease No. Realistic XXXXXX LG 1025			
Location	<u> </u>	Z		icerope	Kidge M	JIIOW				2.5	
	10	980	_	N	orth .	e and 990	۱		West		
Unit LetterE	- :	/00	Feet	From The	orth Lin	$e$ and $-\frac{990}{2}$	<u> </u>	et From The.	west	Line	
Section 11 Township	235	3	Rang	e 34E	N	MPM,	T.	еа		County	
Section 11 Township 23S Range 34E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
BTA Oil Producers				Pecos, N							
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected?		When	When ?			
give location of tanks.	E	11	23	5   34E	Ye	es		3-1	9-93		
If this production is commingled with that f	rom any othe	r lease or p	pool, g	ive commingl	ing order num	ber:					
IV. COMPLETION DATA											
Designed Trans of Consultation	<b>ab</b>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				XX	XX						
Date Spudded Date Compl. Ready to			Prod.		Total Depth			P.B.T.D.			
10-16-92					13,387			13,369			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3366' GR, 3380' RKB   Morrow					13,260			12,938			
Perforations								Depth Casing Shoe			
13,110-13,311'											
TUBING, CASING AND											
HOLE SIZE	CAS	ING & TU		SIZE	DEPTH SET			SACKS CEMENT			
17-1/2		13-3/8				1998			2300		
12-1/4	<b> </b>	9-5	/8		4987			2600			
	8-3/4 7				11700			1900			
6-1/8 V. TEST DATA AND REQUES		<u>er 5"</u>	DIE		11267-	13385		<u> </u>	270		
OIL WELL (Test must be after re					he equal to or	exceed top all	wable for this	e denth or he s	for full 24 hou	<b>re</b> )	
Date First New Oil Run To Tank	Date of Test		<i></i>			ethod (Flow, pu					
	Date of Test	•									
Length of Test	Test Tubing Pressure				Casing Press	JIC		Choke Size	Choke Size		
						0					
Actual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
175	24 hrs										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Orifice plate	3300			Pkr				32/64			
VI. OPERATOR CERTIFIC	(	OIL CONSERVATION DIVISION									
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.					0			MAF	2 3 <b>0 1</b> 9	93	
(m) in		Approve	u								
X/ox atter	Xlo.	1 Al		M)	_						
Signature					By					<u> </u>	
Dorothy Houghton, Regulatory Administrato											
Printed Name			Tide		Title						
<u>3-25-93</u>	9	<u>15-682</u>									
Date		1616	phone	140.							

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.

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