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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	<u>O TRAI</u>	<b>USP</b>	ORT OIL	AND NAT	UHAL GA		PI No			
Operator BTA Oil Producers							l	Well API No. 30-025-31739			
Address							<u> </u>	·····			
104 S. Pecos, Midlan	nd, TX	7970	1		<del></del>	/DI	.,				
Reason(s) for Filing (Check proper box)		Charer: 1	r		[ Othe	t (Piease expla	in)				
New Well KX		Change in ]	-								
Recompletion	Oil		Dry G	_							
Change in Operator	Casinghead		Conde		N PLACED	IN THE PO	OL				
change of operator give name		THIS	S WEI	LL HAS BEI	F YOU D	O NOT COM	ICHE				
nd address of previous operator			HENA	THIS OFFIC	E.						
I. DESCRIPTION OF WELL A	AND LEA					0	T == .				
Lease Name		Well No.		lame, Includir		R10091		of Lease Routenikok Red	237	ease No.	
State -2- 8016 JV-P	Com	2	Ant	telope F	lidge Mo	rrow 4/1/	94 300,	A PARTICIPANT A STATE OF	LG	485	
Location						•	,				
Unit LetterL	: 198	0	Feet F	rom The So	uth Line	and99	<u>0</u> Fe	et From The.	West	Line	
										_	
Section 2 Township	23S		Range	34E_	, NN	APM,	Lea	a		County	
II. DESIGNATION OF TRANS	SPORTE			ID NATU	RAL GAS		List same	sam of this f	form in to be se		
Name of Authorized Transporter of Oil		or Condens	sate		Address (Giv	e aaaress to w	nich approved	copy of this f	form is to be se		
					111 (2)		hish parameter	nomi në shin s	form is to be so		
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas XXX	1				form is to be se 79701	/	
BTA Oil Producers		<del></del> ;		<del></del> _		Pecos,			17101		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	-		i when	When?			
ive location of tanks.	L	2		3 <b> </b> 34	Ye.		L	/-1.	1-93		
f this production is commingled with that f	from any oth	er lease or p	pool, g	ive commingl	ing order num	ber:					
V. COMPLETION DATA						· · · · · ·	1 5	I Dive Deele	Ic Bach	Diff Res'v	
	an.	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Kes v	
Designate Type of Completion			L_	XX	Total Domb	L	<u>.L</u>	DDTD	1		
Date Spudded	Date Comp	al. Ready to	Prod.		Total Depth	10160		P.B.T.D.	12/00		
3-4-93	7-15-93				13460 Top Oil/Gas Pay			13400			
Elevations (DF, RKB, RT, GR, etc.)	142116 of 11000cing 10111mmon				•			Tubing Depth			
3382'GR 3407' RKB Morrow						12866			Depth Casing Shoe		
Perforations								Depair Casi	-		
12866-13322'					CONTRACTOR OF THE	NG DECOI	<u> </u>		13459	<del></del>	
	TUBING, CASING AND C							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			2300			
17-1/2	13-3/8				2000				2000		
12-1/4		9-5/8			4150			2000			
8-3/4	7				10373 9991-13459			350			
6-1/8		5" 1	iner		9991-	-13439					
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABL	<u>.</u>	. ha aasal ta a	e exceed ton a	llowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after t			of loa	a ou ana mus	Drochucina M	lethod (Flow, )	nump, eas lift.	etc.)	<del>, ,</del>		
Date First New Oil Run To Tank	Date of To	st			Liouneing is	icarca (1 ion) j	ν <del>α</del> ιφιδα				
				Casing Pressure			Choke Size				
Length of Test	Tubing Pr	Tubing Pressure				Casing 1 (Costill					
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Both						
				<del> </del>	<u> </u>	<del> </del>					
GAS WELL					150:- 6:			Genvine of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate 55.0°			
828	24 hrs				. 828 Casing Pressure (Shut-in)			Choke Size			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)										
Orifice plate		1500			$\frac{P}{P}$	kr			<u>Open</u>		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLLA	NCE			NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regu	ilations of th	e Oil Conse	rvation	מ						<b>∵∵</b> 1	
Division have been complied with and that the information given above					11	JUL 2 2 1993					
is true and complete to the best of my	knowledge	and belief.	_	,	Dat	e Approv	red				
() AA			L.J.	1	11						
Morally Delegation					By.		Drig. S	igned by Kautz		<del></del>	
Signature Dorothy Houghton, Regulatory Administrator							Paul	Kautz			
	<u>kegulat</u>	ory Ac	lmın Tid	<u>istrato</u> : e		^	Geo	ologist			
Printed Name 7_10_03	(915)6	582 <u>-375</u>		-	Title	<del></del>					
7-19-93	()1)(		lephon	e No.							
Date					_!						

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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