Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

58225

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		OTHANS	SPORT OIL	AND NA	UHALGA					
Operator BTA 0il Produc	ers					Well A		6188		
Address					30-025-26188					
104 S. Pecos, 1	Midland,	TX 79	701							
eason(s) for Filing (Check proper box)				Oth	r (Please expl	ain)				
New Well		Change in Tra	. —	E.E	6 a a a d a	11 1 01				
Recompletion	Oil	<u> </u>	y Gas	ŁI	fective	11-1-91				
Change in Operator	Casinghead	Gas Co	ndensate							
change of operator give name ad address of previous operator	······································						· 			
I. DESCRIPTION OF WELL	L AND LEA	SE								
ease Name		Well No. Po	ol Name, Includi			Kind o	Lease	1	ase No.	
Rojo, 7811 JV-	Devonian XXX.			Federal MARKX 94-001554						
ocation	.							** .		
Unit Letter	:66	60Fe	et From The _N	orth Lin	and	<u>60</u> Fe	et From The	West	Line	
Section 27 Towns	hip 25-S	Ra	inge 33E	, NI	ирм,	Lea	****		County	
I. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS						
lame of Authorized Transporter of Oil		or Condensate			e address to w	hich approved	copy of this f	orm is to be se	nt)	
			D G . 8777	A 44 (Ci-		l.:	6.1: 6			
Name of Authorized Transporter of Cas	-		Dry Gas XXX	1	e address to w	• •			102	
Sid Richardson Garbo f well produces oil or liquids,	n a Gaso. Unit	Sec. Tw		is gas actuali	in Stre	When		1A / 0	102	
ve location of tanks.	l D	27 1 2	vp. xgc.		les	When	•			
this production is commingled with the		er lease or poo	l give comming			L				
	SID M.J.		, B		· (3. 57.	30				
	an.	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio			<u> L</u>				,	<u> </u>		
Date Spudded	Date Comp	l. Ready to Pro	od.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casir	ng Shoe		
	T	UBING, CA	ASING AND	CEMENTI	NG RECOR	D D		··· ···	 	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							i			
. TEST DATA AND REQU								for 6.11 24 hour		
OIL WELL (Test must be afte			oad oil and must		exceed top all ethod (Flow, p			jor juli 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t		Producing M	ethod (riow, p	ump, gas iyi, e	ic. <i>)</i>			
ength of Test Tubing Pressure				Casing Pressure Choke Size						
-										
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL			· · · · · · · · · · · · · · · · · · ·	<u> </u>						
Actual Prod. Test - MCF/D	Length of	Геві		Bbis. Conder	sate/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)										
I. OPERATOR CERTIF	CATE OF	COMPL	IANCE		OII	1055		DD 42:-		
I hereby certify that the rules and re				(DIL COI					
Division have been complied with a is true and somplete to the best of n	nd that the infor	mation given :			A	اد	NOV &	2 1 1991	è	
AA	00/	//	1	Date	Approve	ea				
Woh alder	WI	Lath	(011)		OSIGINIA	t vicanos:	יאר וייין עו	CEVTAN		
Signature		1		By_	water 1987	LEIGNEE : STRECT SI	IDEDIAL	BULASE		
Dorothy Houghton,	Regulator		istrator		- 11		HERVISU	Ù.		
11-15-91	915-68	82-3753			D. D. O. O.			00000) C	
Date		Teleph	one No.	IFOR	RECC	ORD C	NLY	MAY 2	: U 199	

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.