

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

1562 - 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L

Operator		Well API No.	
BASS ENTERPRISES PRODUCTION CO.		30-015-27061	
Address			
P O BOX 2760; MIDLAND, TX 79702-2760			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	ADD	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Operator	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
		Casinghead Gas <input checked="" 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 GOLDEN "B" FEDERAL	Well No. 1	Pool Name, Including Formation SOUTH GOLDEN LANE DELAWARE	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-0505
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>8</u> Township <u>21-S</u> Range <u>29-E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL CO. A DIVISION OF KOCH INC., INC.					Address (Give address to which approved copy of this form is to be sent) P O BOX 1558; BRECKENRIDGE, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CENTENNIAL NATURAL GAS CORPORATION					Address (Give address to which approved copy of this form is to be sent) 4200 E SKELLY DRIVE SUITE 560 TULSA, OK 74135-3209	
If well produces oil or liquids. give location of tanks.	Unit F	Sec. 8	Twp. 21S	Rge. 29E	Is gas actually connected? NO	When ? APPROX 21 DAYS

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-9-92	Date Compl. Ready to Prod. 10-23-92		Total Depth 4510'			P.B.T.D. 4405'			
Elevations (DF, RKB, RT, GR, etc.) 3406' GL	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4260'			Tubing Depth 4191'			
Perforations 4260' - 4274'						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"		11 3/4"		821'		500sx CLASS "C"			
11"		9 5/8"		1570'		450sx PALESETTER L.			
8 3/4"		7"		3050'		425sx CLASS "C"			
6 1/8"		4 1/2"		4510'		350sx CLASS "C"			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8"

OIL WELL $4\frac{1}{2}$ CS *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 10-22-92	Date of Test 10-24-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 8 HRS	Tubing Pressure 20	Casing Pressure PACKER	Choke Size 64/64
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 28	Gas- MCF 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

L. C. Wharves

Signature
R.C. HOUTCHENS SR PRODUCTION CLERK

Printed Name	Title
12-18-92	(915) 683-2277

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved DEC 30 1992

By ORIGINAL SIGNED BY
 MIKE WILLIAMS
 SUPERVISOR, DISTRICT M

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.