

dst  
WT  
p

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator <b>BASS ENTERPRISES PRODUCTION CO.</b>	Well API No. 03-015-27556
Address P O BOX 2760; MIDLAND, TX 79702-2760	
Reason(s) for Filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
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 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 <b>NORTH INDIAN FLATS "26" FEDERAL</b>	Well No. 1	Pool Name, Including Formation <b>INDIAN FLATS (DELAWARE)</b>	Kind of Lease State, Federal or Fee	Lease No. LC-069219
Location Unit Letter <u>G</u> : <u>2150</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>26</u> Township <u>21S</u> Range <u>28E</u> <u>NMPM</u> , <u>EDDY</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>KOCH OIL COMPANY, A DIVISION OF KOCH IND INC</b>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 1588; BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <b>GPM GAS CORPORATION</b>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK; ODESSA, TX 79761
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rgo. G   26   21S   28E	is gas actually connected?   When? NO   ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-21-93	Date Compl. Ready to Prod. 9-17-93	Total Depth 3850'	P.B.T.D. 3732'					
Elevations (DF, RKB, RT, GR, etc.) 3202.9' GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 3566'	Tubing Depth 3629'					
Perforations 3566'-3585' (114 HOLES)			Depth Casing Shoe 3850'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	350'	320 SX CLASS "C"
11" & 7 7/8"	5 1/2"	3850'	345 SX CLASS "C"

*Post FD-2  
10-29-93  
Camp & BK*

**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 9-18-93	Date of Test 9-22-93	Producing Method (Flow, pump, gas lift, etc.) PUMP 2"X 1 1/2"X 16' RWBC
Length of Test 24 HRS	Tubing Pressure 35	Casing Pressure 35
Actual Prod. During Test	Oil - Bbls. 38	Water - Bbls. 213
		Choke Size 10

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

*R.C. Houtchens*

Signature  
R. C. HOUTCHENS SR. PRODUCTION CLERK  
Printed Name  
Date 9-23-93 Telephone No. (915) 683-2277

**OIL CONSERVATION DIVISION**

Date Approved SEP 29 1993

By MIKE WILLIAMS ORIGINAL SIGNED BY  
Title SUPERVISOR, DISTRICT II

**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.