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

## State of New Mexico ergy, Minerals and Natural Resources Depart

OIL CONSERVATION DIVISION

RECEIVED

Form C-104 Revised 1-1-89 See Instruction at Bottom of Pag

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

P.O. Box 2088

OCT 31 '90

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL		•	•	LE AND	-	-	ZATION	O. C. D	:.	·	
I.					AND NA			S				
BASS ENTERPRISES PRODUCTION CO.						Well API				0-015-22162		
Address P.O. BOX 2760, N	1I DLAND	, TEXAS	79	9702-27	60							
Reason(s) for Filing (Check proper box)						r (Pla	ase expla	in)	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
New Well		Change in T			<del></del>							
Recompletion	Oil	_	Ory Ga								į	
Change in Operator	Casinghea	4 Cas [ ] (	Condea	mate X								
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL A	NDIF	A CIF									· · · · · · · · · · · · · · · · · · ·	
Lease Name Well No. Pool Name, Include					ne Formation	<del></del>		Kind	of Lease No.			
JAMES RANCH					RIDGE A	TOK	A GAS		, Federal or Fee			
Location										······································		
Unit Letter G: 1450 Feet From The NORTH Line and 1830 Feet From The EAST Line												
Section 21 Township 22S Range 30E NMPM, EDDY County										County		
III. DESIGNATION OF TRANS	SPORTE	R OF OII		D NATU								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
KOCH OIL COMPANY, A DI Name of Authorized Transporter of Casing			D. INC		<u>BOX</u>	1558	BREC	ENRIDGE.	NRIDGE, TX 76024			
NATURAL GAS PIPELINE C				Ges 💢	Address (Give address to which approved BOX 283, HOUSTON, TE							
If well produces oil or liquids,				Is gas actually connected? When YES								
give location of tanks.								JUNE 4, 1981				
If this production is commingled with that f  IV. COMPLETION DATA	rom any oti	ter lease or p	ool, giv	re comming!	ing order aumi	ber:			***			
Designate Type of Completion -	· (X)	Oil Well	7	Gas Well	New Well	Wo	rkover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	I		I	P.B.T.D.		J	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing	g Shoe		
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE CASING & TUBING SIZE							TH SET		S	SACKS CEMENT		
								Post	Post ID-3			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					11-	9-50			
									ichg LT: PER			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		f			······································	<u>`</u>			
OIL WELL (Test must be after re			fload (	oil and must						or full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Te		Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure				Casing Press	ile			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	Gas- MCF		
GAS WELL					<del>1 </del>			<del> </del>			<del></del>	
Actual Prod. Test - MCF/D	CF/D Length of Test					sale/	MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
	A CANADA MAY				The contract of the contract o							
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					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved				NOV '	NOV 7 1990		
L.C. Houtchens												
Signature						By ORIGINAL SIGNED BY						
R.C. HOUTCHENS, SENIOR PRODUCTION CLERK					MIKE WILLIAMS						, '	
Printed Name 10-26-90	Title	Title SUPERVISOR, DISTRICT IT										
Date	H .											

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.