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Appropriate District Office
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos 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

RECEIVED

JAN 05 1993

O. C. D.

APPROPRIATE AGENCY

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.		Well API No. 30-015-20933
Address P. O. BOX 2760 MIDLAND TEXAS 79702-2760		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <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 POKER LAKE UNIT	Well No. 41	Pool Name, Including Formation WILDCAT DELAWARE	Kind of Lease State, Federal or Fee	Lease No. LC-068431
Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 21 Township 24S Range 30E , NMPM, EDDY 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 COMPANY, A DIV. OF KOCH IND., 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21
	Twp. 24S	Rge. 30E
	Is gas actually connected? NO	When? NONE

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded W/O 11-12-92	Date Compl. Ready to Prod. NEW COMPLETION 11-12-92	Total Depth 15100'	P.B.T.D. 7880'					
Elevations (DF, RKB, RT, GR, etc.) 3359.6 GL - 3391' RKB	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 7583'	Tubing Depth 7487'					
Perforations 7583' - 7593'	Depth Casing Shoe 15100'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	516'	1180SX					
17-1/2"	13-3/8"	3868'	4125SX					
12-1/4"	9-5/8"	11342'	1740SX					
9-5/8"	7-5/8"	11073' - 14270'	450SX					
7-5/8"	5"	14061' - 14740'	145SX					
OIL WELL 5" CSG	2-7/8"	7487'	SN					
Date First New Oil Run To Tank 12-9-92	Date of Test 1-3-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING 2-1/2" x 1-1/2" x 24' RHBC						
Length of Test 24	Tubing Pressure 25	Casing Pressure 25	Choke Size -----					
Actual Prod. During Test	Oil - Bbls. 16	Water - Bbls. 52	Gas - MCF 16					
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.

Signature R. C. Houtchens
Printed Name R. C. HOUTCHENS Title SENIOR PROD. CLERK
Date 1-4-93 Telephone No. 915-683-2277

OIL CONSERVATION DIVISION

Date Approved JAN 12 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.