

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

Address BASS ENTERPRISES PRODUCTION Co.

Box 2760, MIDLAND, TX 79702-2760

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	REQUEST CLEARANCE FOR 14 BBL'S OIL WHICH WAS PRODUCED WHEN WELL WAS OPENED UP IN PREPARATION TO P&A.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Coolinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Lease Name <u>MONTEITH B</u>	Well No. <u>1</u>	Pool Name, including Formation <u>NORTHEAST LOVINGTON, PENN</u>	Kind of Lease State, Federal or <u>Lea</u>	Lease No. <u>21359A</u>
Location				
Unit Letter <u>J</u>	1980	Feet From The <u>EAST</u> Line and <u>2130</u>	Feet From The <u>SOUTH</u>	
Line of Section <u>13</u>	Township <u>16 S</u>	Range <u>36 E</u>	County <u>LEA</u>	Consolidation

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS-NEW MEXICO PIPE LINE Co.</u>	<u>Box 2528, HOBBS, NM 88240</u>
Name of Authorized Transporter of Coolinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When
	<u>G 13 16 S 36 E</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 284

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same as last	1 H.H. H.H.
Date Spudded	Date Cased, ready to flow	Total Depth	P.B.T.D.					
Elevations (DF, RKB, FT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)			
Date First Row Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (initial, back pt.)	Tubing Pressure (initial - psi)	Casing Pressure (1 H.H. - 3 H.)	Choke Size

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.

E. P. Wark, Jr.
(Signature)
Senior Production Clerk
(Title)
December 19, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 23 1982, 19
ORIGINAL SIGNED BY
JERRY SEXTON
DISTRICT 1 SUPR.

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 114.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, B, D, and VI for changes of own well name or number, or transporter or other such change of conditions. Report Form C-104 must be filed for each pool in multi-

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NOV 22 1982

**O.C.D.
HOBBBS OFFICE**