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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sa	anta Fe	, New M	lexico 875	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410							RIZATION				
I. Operator		TO TRA	ANSP	ORT OIL	L AND NA	TURAL (					
Bass Enterprises Produ	ss Enterprises Production Co.						Well API No. 30-025-27903				
Address	J T	- 70	700								
P.O. Box 2760. Midland Reason(s) for Filing (Check proper box)	1. Texas	<u>s 79</u>	702	<del></del>	Oil	et (Please ex	nlain)				
New Well		Change in					2-1-0	<i>a 1</i> .			
Recompletion	Oil Casinghea	d Gas	Dry Ga Conden		$\sim l$	M. C.	$\Theta$	, ,~			
If change of operator give name and address of previous operator Be	ck Pump	& Sur	oply,	Inc.,	P.O. Bo	x 175.	Hennesse	v. OK 7	73742		
								, ,		<del></del>	
IL DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includi				ing Ecometics	ng Rosmetica					
Bass State				ke Yates			Kind of Lease State Federal or Fee		Lease No. E=5231		
Location				<del> </del>	NE IUGES				LE-5/_	31	
Unit LetterC	_ :33	30	_ Foot Pr	om The _N	orth L	e and <u>23</u>	<u>10                                    </u>	et From The	West	Line	
Section 18 Townshi	<u> </u>	20S	Range	33E	,N	мрм,	Lea	·		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Y or Condensate Address (Give address to which approved copy of this form is to be sent)											
Koch Oil Company, A Division of Koch Ind., Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas											
NONE	ghead Gas		or Dry	Gas	Address (Gi	e address to	which approved	copy of this j	form is to be se	nt)	
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When			·			
If this production is commingled with that :  IV. COMPLETION DATA	from any oth	18 er lease or				ber:		<u>TSTM</u>			
IV. COMPLETION DATA		Oil Well		las Weli	1 N 11/10	( <del></del>		Y	<b>~</b>		
Designate Type of Completion	- (X)			MR MOT	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					<u> </u>		<del></del>	Depth Casing Shoe			
		TIDDIC	CACD	10 AND	CES COS TOTAL			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE					CEMENTI	DEPTH SE		PACKS OF MEAT			
	CASING & TUBING SIZE					DEF IN SE	<u> </u>	SACKS CEMENT			
	<del> </del>										
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE	<del></del>	<u> </u>		<del></del>	<u> </u>			
						be equal to or exceed top allowable for this depth or be for full 24 hours.)					
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1							<u> </u>			
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbls, Conden	sate/MMCT		Gravity of	ondenest:		
	Longar or Test				生物 新报告		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	TIAN	CE				I			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					C	DIL CO	NSERV	NOITA	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedMAY 0 7 '92						
Dr 1/-	L []	•		10 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, which			- •		
Signature Signature					Orig. Signed by Paul Kautz						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(915)

R.C. Houtchens

Printed Name

May 4, 1992 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Geologist

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Senior Production Clerk

**Title** 227

Telephone No.

- 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.