

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 Brazos Rd., Aztec, NM 87410

CONFIDENTIAL

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

AUG 18 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.	Well API No. 30-015-27036
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	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/13/52
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name GOLDEN "8" FEDERAL	Well No. 2	Pool Name, Including Formation SOUTH GOLDEN LANE-DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM-02946
Location Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 8 Township 21S Range 29E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL CO., A DIVISION OF KOCH INC. INC.	or Condensate <input type="checkbox"/>	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 NONE	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 N	Sec. 8	Twp. 21S	Rge. 29E	Is gas actually connected? NO	When? LATER

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 7-9-92	Date Compl. Ready to Prod. 7-30-92	Total Depth 4506'	P.B.T.D. 4420'					
Elevations (DF, RKB, RT, GR, etc.) 3360' GR, 3378' KB	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 4,195'	Tubing Depth 4123'					
Perforations 4195'-4218' (118 HOLES)			Depth Casing Shoe 4506'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	11 3/4"	695'	500sx CLASS "C"					
11"	8 5/8"	2982'	1600sx CLASS "C"					
7 7/8"	5 1/2"	4505'	315sx CLASS "C"					
			CALC. T.O.C. 2480'					

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 7-31-92	Date of Test 8-9-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	Post ID-2 10-30-92 comp v BLS
Length of Test 24 HRS	Tubing Pressure 40	Casing Pressure PACKER	
Actual Prod. During Test	Oil - Bbls. 84	Water - Bbls. 0	
		Gas - MCF 92	

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 SR PRODUCTION CLERK
Date 8-11-92 Telephone No. (915) 683-2277

OIL CONSERVATION DIVISION

Date Approved OCT 16 1992
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.

