bmit 3 Copies propriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

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

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

Revised See Inst

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

-104 1-1-89 ructions m of Page	tost tor

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410		Sa	ika Pe, 14ew W	EXICO 8/3	04-2088		Marie Marie	- e		
			OR ALLOWA							
	•	TO TRA	NSPORT OI	L AND NA	TURAL G	-				
perator						Well	API No.			
BASS ENTERPRISES PRODU	JCTION	CO.		<del></del>	<del></del>	30-	-015-27060	)		
P O BOX 2760; MIDLAND,	, TX 79	702-27	60							
eason(s) for Filing (Check proper box)				Ott	ner (Please exp	lain)			<del></del>	
iew Well		Change in	Transporter of:							
Recompletion	Oil		Dry Gas							
Change in Operator	Casinghea	ıd Gas 🔲	Condensate							
change of operator give name ad address of previous operator										
L DESCRIPTION OF WELL	AND LE	,	<b>Y</b>							
Lease Name	Ì		Pool Name, Includ	_	<b>/</b>		of Lease		ase No.	
GOLDEN "D" FEDERAL		2	SOUTH GOLI	DEN LANE	(DELAWA	RE) State,	Federal or Fee	NM-050	)9	
Unit LetterO	: 198	0	. Feet From The $\stackrel{ ext{EI}}{=}$	AST Lic	ne and <u>660</u>	F	eet From The	SOUTH	Line	
Section 8 Township	21S		Range 29E	, N	MPM, EDD	Y			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sate		Address (Give address to which approved copy of this form is to be sent)					
COCH OIL COMPANY, A DIV OF KOCH IND., INC.				P 0 BO	P O BOX 1558; BRECKENRIDGE, TX 76024					
Name of Authorized Transporter of Casing	_	X	or Dry Gas				l copy of this for			
GRAND VALLEY GATHERING			<u>,</u>				E 560; TU	JLSA, OF	K 74135	
f well produces oil or liquids, ve location of tanks.	Unit			Is gas actual	ly connected?	When				
	<del></del>	K 8 21S 29E YES  om any other lease or pool, give commingling order number: CT					MAY 27, 1993			
V. COMPLETION DATA	rom any oth	er lease or	pool, give comming	ling order nurr	iber: <u>CT</u>	B-370	***************************************			
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	arne Res'v	Diff Res'v	
		X		X Total Doorth	<u> </u>		<u> </u>		<u></u>	
Date Spudded	1	pl. Ready to	Prod.	Total Depth			P.B.T.D.			
4-5-93	5-19-93			4550			4463'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			1 -				Tubing Depth		
3369 GR	I DEL	AWARE		4203		········	4130 Depth Casing	Choo	<del></del> -	
4203'-4246' (137 SHOT	nc\						4550 '	Shoe		
4203 -4240 (137 SHOT		TIRING	CASING AND	CEMENT	NG PECOL	<u> </u>	1 4550.	<del></del>	<del></del>	
HOLE SIZE			JBING SIZE	CENTENT	DEPTH SET		54	CVC CENE	AIT	
14 3/4"	11 3/		BING SIZE	206		<del> </del>	SACKS CEMENT			
11"	8 5/			896'			510 SX CLASS "C"			
7 7/8"	5 1/			3000			1315 SX P.S.L. & "C" 350 SX CLASS "C"			
7 7/8"	2 1/	2"		4550			350 SX C	LASS "C	<u> </u>	
. TEST DATA AND REQUES	TFOR	LLOW	ARLE	. L			<u> </u>			
IL WELL (Test must be after re				i be eaval to o	r exceed ton al	lowable for th	is depth or he for	r full 24 kour	<b>x.</b> )	
Date First New Oil Run To Tank	Date of Te		o, 1000 00 0100 1100		lethod (Flow, p	<del> </del>			ID	
5-19-93		0-93		FLOWI			,	7-	2-93	
ength of Test	Tubing Pre		· · · · · · · · · · · · · · · · · · ·	Casing Press			Choke Size	comp	Y BI	
24 HRS	200			PACKE			1			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			24/64 TGas- MCF	Gas- MCF		
_	107			11			71			
GAS WELL	1 40/				<del></del>					
Actual Prod. Test - MCF/D	Length of	Test	· · · · · · · · · · · · · · · · · · ·	Bbls. Conde	nsate/MMCF		Gravity of Co	ndensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Access that A	tuoing Fressule (Silut-m)			The second constitution of the second constituti						
VI. OPERATOR CERTIFIC	ATE OF		<del></del>		OU 00:					
I hereby certify that the rules and regula	ations of the	Oil Conser	vation		OIL COI	NSERV	ATION D	IVISIO	N	
Division have been complied with and	that the info	rmation give		1			JUN 2 2	1002		
is true and complete to the best of my i	cnowledge a	nd belief.		Date	a Approve	ed	VUIT & &	, 1333 		
4/11.	- V-1	la	1 -		pp. 040			144		
N.L. Howward				p.,	By ORIGINAL SIGNED BY					
Signature R.C. HOUTCHENS SENIOR PRODUCTION CLERK				by −	By ORIGINAL SIGNED BY MIKE, WILLIAMS					
Printed Name	MILOR P.	MODUCI.	Title			SUPERV	ISOR, DIST	RICT IT		
JUNE 1, 1993	(91	5) 683	-2277	Title		-	····			
Date			phone No.	11				in milk cutonist se.		
			-	13						

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.