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Appropriate District Office
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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

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

RECEIVED

NOV - 2 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.		Well API No. 30-015-27061
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) REQUEST TO MOVE TEST OIL APPROX. 100 BBLs. 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name GOLDEN "B" FEDERAL	Well No. 1	Pool Name, Including Formation DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM-0505
Location Unit Letter F : 2310 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 8 Township 21-S Range 29-E, 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 CO. A DIVISION OF KOCH IND., INC.	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558; BRECKENRIGE, 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. TEST TANK	Unit F	Sec. 8	Twp. 21S	Rge. 29E	Is gas actually connected? NO	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-9-92	Date Compl. Ready to Prod. 10-23-92		Total Depth 4510'		P.B.T.D. 4405'			
Elevations (DF, RKB, RT, GR, etc.) 3406' GL	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4260'		Tubing Depth 4191'			
Perforations 4260'-4274'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11 3/4"	821'	500sx CLASS "C"
11"	9 5/8"	1570'	450sx PALESETTER L.
8 3/4"	7"	3050'	425sx CLASS "C"
6 1/8"	4 1/2"	4510'	350sx CLASS "C"

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8" OIL WELL 4 1/2" CSG (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 10-22-92	Date of Test 10-24-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 8 HRS	Tubing Pressure 20	Casing Pressure PACKER	Choke Size 64/64
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 28	Gas - MCF 30

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 10-30-92 Title (915) 683-2277
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 30 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.