### DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 S. 1st Street, Artesia, NM 88210-2834

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 February 21, 1994

Instructions on Back Submit to Appropriate District Office

5 Copies

DISTRICT IV								G G G G G G G G G G G G G G G G G G G	
P O Box 2088, Sa			-05 41					AMENDED REPORT	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION							ON TO TRANSPORT		
Operator Name and Address     Bass Enterprises Production Company						V	2. OGRID Number		
P. O. Box 2760					OPY		001801  3. Reason for Filing Code		
Midland, Texas 79702-2760							NW		
4. API Number					5. Pool Name		•	6. Pool Code	
30-015-27995		Los Medanos (Bone Spring)					40295		
7.		8. Property Name			erty Name	9. Well Number			
001786 II.	10. Surface Location				h Unit	<del></del>		65	
UI or Lot No.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line County	
2	6	238	31E	200. 10.11	330	North	2310'	East/West line County East Eddy	
	11. Botton	n Hole Loca	ition	<u> </u>		<u> </u>			
UI or Lot No.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line County	
12. Lse Code	13 Producing	Method Code	14 Con Co	onnection Date	45.0400.0	ermit Number	10 0 100 57		
F	F	Wellow Code	12/11/96		13. C 129 Permit Number		16. C-129 Effective Date	17. C-129 Expiration Date	
111.	Oil and Gas Transporters								
18. Transporter	19. Transporter Name				20. POD	21. O/G	22. POD ULSTR Location		
OGRID 007440	and Address EOTT Energy Corp				515710	0	and Description Unit Letter G		
	P. O. Box 466				310710		Section 6, T23S-R31E		
	Н	ouston, Texas	77210-466	6					
009171		GPM Gas Co	rporation		515730	G	Lin	nit Letter G	
	4001 Penbrook				010700	L	Section 6, T23S-R31E		
	Odessa, Texa					Meter #		#682-074037	
							JAN 2 8 1997		
							OIL CON. DIV.		
V. Produced Water,									
23. POD		,		2	4. POD ULSTR L	ocation and Descri	ption		
		Unit Letter G,		T23S-R31E					
V. 25 Co	Well Comp					<u> </u>			
25. Spud 11/22/96	25. Spud Date 26. Read 11/27/96			27. TD 11332	28. PBTD	1	Perforations	30. DHC, DC, MC	
			ing and Tubing Size		11,153' 11 33. Depth Set		,044-54 <sup>1</sup>	acks Cement Pol TD	
14-3/4" 11-3/4"					575'	paroce	310 sx Prem Plus H	acks Cerrent 1911	
11" 8-5/8"				_	3770		975 sx Prem Plus 50/50 Poz		
7-7/8" 5-1/2"					11,332		1725 sx Prem Plus H		
171	\A(-!\ T : -	N-4-						. 77	
VI. 35. Date New Oil	Well Test [		one Data		Total Date	20 7	[ a = : =	<u> </u>	
12/11/96		36. Gas Delivery Date 12/11/96			Test Date 2/11/96	38. Test Length	39. Tubing Pressure	40. Csg Pressure	
41. Choke Size		42. Oil			. Water	44. Gas	50 45. AOF	46. Test Method	
16/64" 59 47. I hereby certify that the rules of the Oil Conservat			70			37		Flowing	
	information give				-	o	IL CONSERVATIO	N DIVISION	
Signature: Vanu & Wuber						Approved by: ORIGINAL SIGNED BY TIM W. GUM			
Printed Name: Tami L. Wilber						Title:			
Title: Production Clerk						Approval Date: FEB 4 1997			
Date:	1/22/97		Phone:	(915)	683-2277				
48. If this is a cha	nge of operator	fill in the OGF			the previous opera	itor.			
	Previous Open	ator Signature			Printed Name		Title		
Previous Operator Signature Printed Name Title Date								Date	

## New Mexico Oil Conservation Division

#### C-104 Instruction

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 psi at 60° Report all oil volumes to the nearest whole barrel

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District Office
- Reason for filing code from the following table:

RC CH AO CO New Well Recompl Change of Operator (Include the effective date)
Add oil/condensate transporter
Change oil/condensate transporter Add gas transporter

AG CG Change gas transporter
Request for test allowable (include volume RT requested)
If for any other reason write that reason in this box.

The API number of this well.

- The name of the pool for this completion
- The pool code for this pool 6.
- The property code for this completion
- The property name (wellname) for this completion
- The well number for this completion
- The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the COD unit letter.
- 11. The bottom hole location of this completion
- Lease code from the following table

Federal State Fee Jicarilla Ü Ute Mountain Ute

Other Indian Tribe

The producing method code from the following table:

- Flowing
  Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter.
- 15. The permit number from District approved C-129 for this completion.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- 21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and short description of the POD (Example: "Battery A", "Jones CPD", etc)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank". "Jones CPD Water Tank etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DAYR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Write in "DHC" if this completion is downhole commingled with another completion. "DC" if this completion is one of two non-commingled completions in this wellbore, or "MC" if there are more than three non-commingled completions in this well bore.
- 30. Top and bottom perforation in this completion or casing

- 31. Inside diameter of the wellbore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom
- 34. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered

- 35. MO/DA/YR hat new oil was first produced
- 36. MO/DAYR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hour of the test
- 39. Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- 40. Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/d
- 46. The method used to test the well:

Pumping Swabbing If other method please write in

- 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.
- 48. The previous operator's name, the signature, printed name and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.