

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

*CISE
DET
CO*

Form C-104

811 S. 1st Street, Artesia, NM 88210-2834
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P O Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Instructions on Back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

1. Operator Name and Address Bass Enterprises Production Company P. O. Box 2760 Midland, Texas 79702-2760		2. OGRID Number 001801
		3. Reason for Filing Code RC
4. API Number 30-015-28820	5. Pool Name <i>Grayburg</i> Palmillo (San Andres)	6. Pool Code <i>49555</i>
7. Property Code 001789	8. Property Name Merchant State	9. Well Number 3

II. **10. Surface Location**

UI or Lot No.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
2	1	19S	28E		990	North	1980	East	Eddy

11. Bottom Hole Location

UI or Lot No.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
12. Use Code S	13. Producing Method Code P	14. Gas Connection Date 9/8/96		15. C-129 Permit Number		16. C-129 Effective Date		17. C-129 Expiration Date	

III. **Oil and Gas Transporters**

18. Transporter OGRID	19. Transporter Name and Address	20. POD	21. O/G	22. POD ULSTR Location and Description
0012852	Koch Oil Company A Division of Koch Industries P. O. Box 1558 Breckenridge, Texas 76024	2817752	0	Unit Letter H Section 1, T19S-R28E
009171	GPM Gas Corporation 4001 Penbrook Odessa, Texas 79761	2817753	G	Unit Letter H Section 1, T19S-R28E Meter #075216

IV. **Produced Water**

23. POD 2817754	24. POD ULSTR Location and Description Unit Letter H, Section 1, T19S, R28E
--------------------	--------------------------------------------------------------------------------

V. **Well Completion Data**

25. Spud Date	26. Ready Date	27. TD 6757'	28. PBDT 3540'	29. Perforations 2560-2570'	30. DHC, DC, MC
31. Hole Size	32. Casing and Tubing Size	33. Depth Set		34. Sacks Cement	

VI. **Well Test Data**

35. Date New Oil	36. Gas Delivery Date	37. Test Date	38. Test Length	39. Tubing Pressure	40. Csg Pressure
------------------	-----------------------	---------------	-----------------	---------------------	------------------

*Part FD-2
10-18-96
stamp SA
ALH BS*

New Mexico Oil Conservation Division
C-104 Instructions

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 completion.

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

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

NW	New Well
RC	Recompletion
CH	Change of Operator (include the effective date)
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

If for any other reason write that reason in this box.
4. The API number of this well.
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (wellname) for this completion
9. The well number for this completion
10. 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
12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:

F	Flowing
P	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 completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. 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:

O	Oil
G	Gas

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 that new oil was first produced
36. MO/DA/YR 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:

F	Flowing
P	Pumping
S	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.