Submit 3 Copies Appropriate District Office DISTRICT 1	State of Inergy, Minerals and N	New Mexico atural Resources Depa nt	RECEIVED Form C-104 Revised 1-1-89
P.O. Dox 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERV	ATION DIVISION Box 2088	See Instructions at Bottum of Page
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	Santa Fe, New 1	Mexico 87504-2088	CI T
I. Operator	REQUEST FOR ALLOW	ABLE AND AUTHORIZATIO	° r
BASS ENTERPRIS	SES PRODUCTION CO.		ell API No. 30-015-21529
P.O. BOX 2760	, MIDLAND, TEXAS 79702-2	2760	
Reason(s) for Filing (Check proper box New Well	() Change in Transporter of:	Other (Please explain)	
Change in Operator	Oil Dry Gas		
If change of operator give name	Casinghead Gas Condensate		
and address of previous operator			
Lease Name	LAND LEASE Well No. Pool Name, Inclu	ding Formation	
BIG EDDY UNIT	44 MAROON C		ad of Lease No. Federal or Fee E-5230
Unit LetterH		NORTH Line and660	FAST
Section 16 Town	hip 21S Range 30E		rect from theLine
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU		County
Name of Authorized Transporter of Oil KOCH OIL COMPANY, A [or Condensale	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Casi	inghand Case	<u>P.U. BUX 1558, RREC</u>	KENDIDCE TV JCOOM
NATURAL GAS PIPELINE I well produces oil or liquids,	CO. OF AMERICA	Provide (Unve address to which approv	ed copy of this form is to be sent)
ve location of tanks.	Unit Sec. Twp. Rge H 16 21S 30E	Is gas actually connected? Wh	TEXAS 77001-0283
this production is commingled with the	H 16 21S 30E	YES	8-11-76
V. COMPLETION DATA			
Designate Type of Completion	1 - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
erforations			Tubing Depth
	MUDD 10 Constant		Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
			Port FD-3
			cha LT: PER
L WELL	ST FOR ALLOWABLE		
ate First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for th	is depth or be for full 24 hours.)
		Producing Method (Flow, pump, gas lift,	sic.)
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
tual Prod. During Test	Oil - Bhis.	Water - Bbls.	Gai- MCF
AS WELL			
cual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	
ting Method (pitot, back pr.)			Gravity of Condensate
·····	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L OPERATOR CERTIFIC	ATE OF COMPLIANCE		
Division have been complied with and that the information		OIL CONSERVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Date Approved NOV 7 1990	
K.C. Harte	kens.		
Signature R.C. HOUTCHENS, SENIOR PRODUCTION CLERK		ByORIGINAL SIGNED BY	
Title		Title	
	(915) 683-2277	1 1110	
Date	Telephone No.		

STRUCTIONS: 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 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.