Submit 3 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico ergy, Minerals and Natural Resources Depart. t				CEIVED	Form C-104 Revised 1-1-89 See Instructions	
DISTRICT II P.O. Drawer DD, Antesia, NM 88210		P.O. B	TION DIVISION	0(	7 3 <b>1 '90</b>	at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, New Mexico 875				O. C. D.		
I. TO TRANSPORT OIL AND NATURAL GAS							
BASS ENTERPRISES			<b>PINo.</b> 015-22682				
Address P.O. BOX 2760, MIDLAND, TEXAS 79702-2760							
Reason(s) for Filing (Check proper box)     Other (Please explain)       New Well     Change in Transporter of:							
Recompletion Dry Gas							
Change in Operator	Casinghead Gas	Condensate					
and address of previous operator							
IL DESCRIPTION OF WELL		15					
BIG EDDY	Well No. 66		ATS ATOKA		Foderal or Fee	Lease No. LC-067144	
Location	0100					1 LC=007144	
Unit Letter K : 2130 Feet From The WEST Line and 1980 Feet From The SOUTH Line							
Section 25 Township 21S Range 28E NMPM, EDDY County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
KOCH OIL COMPANY, A DIVISION OF KOCH IND INC. P.O. B.							
			P.O. BOX 1558, BRECKENRIDGE, TX 76024 Address (Give address to which approved copy of this form is to be sent)			is to be sent)	
If well produces oil or liquids,	Unit Soc.				LEXAS 77001-0283		
give location of tanks.	K_ 1 25 1 21SI 28E VES			8-9-79			
If this production is commingled with that from any other lesse or pool, give commingling order number:							
Designate Type of Completion	Oil Wel	1 Gas Well	New Well Workover	Deepea	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready 1	o Prod.	Total Depth		P.D.T.D.	l	
Elevations (DF, RKB, RT, GR, etc.)					F.D.1.D.		
Lievations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gan Pay		Tubing Depth		
Perforations			J			Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					Post ID-3		
					11-9-90 cha IT: PFR		
V. TEST DATA AND REQUES						7. NI. · . F. K-/	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test			-		0		
Cium Prod. During Test Oil - Bbls.			Water - Bbla.		Gas- MCF		
GAS WELL	·				1	·	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
			and a second s				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.			Date Approved <u>NOV 7 1990</u>				
- C. C. Martelious							
Signature R.C. HOUTCHENS, SENIOR PRODUCTION CLERK			By OBIGINAL SIGNED BY				
Printed Name Title			MIKE WILLIAMS TitleSUPERVISOR, DISTRICT I				
10-26-90 Date			.,	· · · ·			
		ephone No.					

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.

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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.