Submit 3 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico iergy, Minerals and Natural Resources Depai

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 31 '90 C. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHORIZATION ARTESIA, OFFICE

I.					TURAL GA				UP	
Operator					Well API No.					
BASS ENTERPRISE Address		30-015-23236								
P.O. BOX 2760,	MIDLAND	, TEXAS	79702-2	2760						
Reason(s) for Filing (Check proper box)					not (Please expla	in)		····		
New Well		,,,,,,	Transporter of:							
Recompletion	Oil Casingheac		Dry Gas 📖 Condensate 🎇							
If change of operator give name	Canada		CONOCIDENCE (A)				<u> </u>	<del></del>		
and address of previous operator				<del></del>	. <u> </u>			··· · · · · · · · · · · · · · · · · ·	······································	
II. DESCRIPTION OF WELL	AND LEA				<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	·	·	
Lease Name BIG EDDY			Pool Name, Inclu	idin <b>g Formation</b> NT MORROL		Kind o	Kind of Lease State Federal or Fee		NM03926	
Location		00	SAND PUI	NI MURRUI	W GAS			T IMMU39	126	
Unit LetterI	253	8	Feet From The	NORTH Lie	ne and <u>660</u>	Fe	et From TheE	AST	Line	
Section 3 Townshi	<u>p</u> 21S		Range 28	E , N	impm, E[	DDY			County	
III. DESIGNATION OF TRAN	SPORTE									
Name of Authorized Transporter of Oil  KOCH OIL COMPANY A D	MOTSTAL	OF KOC	1 X I	1	we oddress to wh					
KOCH OIL COMPANY, A DIVISION OF KOCH IND. IN lame of Authorized Transporter of Casinghead Gas or Dry Gas v								NRIDGE . TX 76024 copy of this form is to be sent)		
NATURAL GAS PIPELINE CO. OF AMERICA				BOX	283, HOUS			XAS 77001-0283		
If well produces oil or liquids, give location of tanks.	Unit		Twp. Rg	_	lly connected?	When	<b>7</b> 2-2-81		•	
If this production is commingled with that	from any oth	3 1	215   28		ES		2-2-01	· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA	nom any ou	ici icaac or p	oor, give contain	Bring order non			<del></del>			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Si	ume Res'v	Diff Res'v	
Date Spudded	Date Corn	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				1				Depth Casing Shoe		
TUBING, CASING AN				D CEMENT	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								Post ID-3		
	-							11-7-70 0/2 17: PER		
								2		
V. TEST DATA AND REQUE										
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load oil and m		or exceed top allowed the property of the prop			full 24 hou	rs.)	
Date : Harrow Officer to Table	Date of Te	•		Trockering in	neurou il ioni pa				•	
Length of Test	Tubing Pressure			Casing Pres	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbi	Water - Bbla.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFIC	CATE OF	COMP	LIANCE		011 00:	10551	ATION -			
I hereby certify that the rules and regu	lations of the	Oil Conser	vation		OIL CON	NSERV	AHON D	IVISIO	אכ	
Division have been complied with and is true and complete to the best of my	that the info knowledge a	rmation give and belief.	en above		A	فد	NOV 7	1990	\	
Do In	11			Dat	te Approve	ıd				
I.C. Harste	her	2		Ву.	,	n namanan	SIGNED R	V	,	
Signature R.C. HOUTCHENS SET	alub bbu	חוורדות	N CLERK	By.		MIKE WIL		<del></del>		
Printed Name Title				Title	Title SUPERVISOR, DISTRICT IT					
10-26-90	(915)	683-22	/ /	.    ''''	<del></del>					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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.

Telephone No.

- 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.