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Appropriate District Office
DISTRICT I DISTRICT I P.O. Dox 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Depar

RECEIVED

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 31 '90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	,	San	ta Fe, New M	lexico 875	04-2088		O. C. p.	()	~ /	
I.	REQ	UEST FO	R ALLOWAL	BLE AND	AUTHORI	ZATION		E	Up	
PASS ENTERDRISES PRODUCTION OF							ell API No.			
BASS ENTERPRISES PRODUCTION CO.						30-015-23578				
P.O. BOX 2760,	MIDLANI	D, TEXAS	79702-2	760						
Reason(s) for Filing (Check proper box)		··-			ior (Please expl	ain)				
New Well			TRESPORTER of:							
Recompletion	Oil Carinaha		Ony Cas 📙							
f change of operator give name	Caninghe	IA CAL C	Condensate X						· · · · · · · · · · · · · · · · · · ·	
and address of previous operator					·					
II. DESCRIPTION OF WELI Lease Name	AND LE								_:	
BIG EDDY	Well No. Pool Name, Including For SAND POINT A									
Location	· · · · · · · · · · · · · · · · · · ·	103	SAND PUT	NI ATUKA	GAS	State,	Federal or Fee	LCU6	3543	
Unit LetterC	_ :19	<u>80 </u>	eet From The	WEST Lin	990). F s	et From The _	NORTH	Line	
Section 10 Towns	hip 21S	p	lange 28E	. N	мрм,	EDDY			C	
II DESIGNATION OF TO A	Manana								County	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	or Condensa	AND NATU	RAL GAS	a address tol				***	
KOCH OIL COMPANY, A D	NOISIVIE				e address to wh BOX 1558					
Name of Authorized Transporter of Casi	nghead Gas		r Dry Gas 💢	Address (Giv	e address to wh	tick approved	copy of this fo	rm is to be se	1 <u>24</u> nt)	
NATURAL GAS PIPELINE CO. OF AMERICA well produces oil or liquids. Unit Sec. Then				BOX 2	<u>283, HOUS</u>		EXAS 77001-0283			
give location of tanks.	Unit C	10	wp. Rge. 21S 28E	YES			8-3-82			
f this production is commingled with the V. COMPLETION DATA	t from any oti	ter lease or po	ol, give comming	ling order num	ber:					
		Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Bee'u	Diff Res'v	
Designate Type of Completion Date Spudded		1	<u>_i</u>	İ			L l	Settic Ver A	Pili Keta	
Sat Species	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Form	nation	Top Oil/Gas Pay			Tubing Depth			
Perforations								1		
							Depth Casing	Shoe		
HOLE SIZE	UBING, C	ASING AND	CEMENTING RECORD			-				
FIOLE SIZE	CA	SING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
							Part ID-3 11-9-90			
TEST DATA AND DEOLIE	CT EOD 4						1	29 hr.	TLA	
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FOR A	LLOWAE	BLE							
OIL WELL (Test must be after Date First New Oil Run To Tank	Producing Me	exceed top allo whod (Flow, pu	wable for this	depih or be fo	r full 24 hour	s.)				
					and it ion, pa	udi kazılılı s			•	
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
tual Prod. During Test Oil - Bbls.				Water - Bbla.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Cest		Bbls. Conden	sate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			(Casing Pressure (Shut-in)						
a (h) week he d							Choke Size			
L OPERATOR CERTIFIC	'ATE OF	COMPL	IANCE		<u> </u>	 -	1			
I hereby certify that the rules and regu	lations of the	Oil Conservati	ion	∥ c	DIL CON	SERV	ATION F	OISIVI	N	
Division have been complied with and	that the infor	mation given	bove		•				• •	

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

SENIOR PRODUCTION

(915)

is true and complete to the best of my knowledge and belief.

Signature

Date

Printed Name 10-26-90

R.C. HOUTCHENS.

Hartcheus

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

NOV

MIKE WILLIAMS

ORIGINAL SIGNED BY

SUPERVISOR DISTRICT !!

Date Approved

7 1990

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

Title 683-2277

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.