Submit 3 Copies
A; propriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico nergy, Minerals and Natural Resources Depa KELEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. BASS ENTERPRISES PRODUCTION CO. 30-015-23969 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 Oil Change in Operator Casinghead Gas Condensate 🛛 If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Lease No. NM 0486 Kind of Lease State, Federal or Fee 87 INDIAN FLATS-ATOKA, WEST GAS BIG EDDY UNIT Location 1980 1980 WEST SOUTH Unit Letter Feet From The . Line and Feet From The Line 21S 28E **EDDY** 28 Township Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate KOCH OIL COMPANY, A DIVISION OF KOCH IND. INC P.O. BOX 1558, BRECKENRIDGE, TEXAS 76024 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) NATURAL GAS PIPELINE CO. OF **AMERICA** BOX 283, HOUSTON, TEXAS 77001-0283 If well produces oil or liquids, Twp | 215 Rge. 28E Sec. Unit is gas actually connected? When ? give location of tanks. MAY 10, 1980 įΚ 28 YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Cas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT IP-3 11-9-50 cha LT: PER 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 Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Gas- MCF Oil - Bbls. Water - Bbla.

CAC WELL

UND WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A.C. Noutelious

	, C, F POP. C			
Signature R.C.	HOUTCHENS,	SENIOR	PRODUCTION	CLERK
Printed Na	me			itle
10-29	-90	(915)	683-2277	
Date			Telephone No.	

OIL CONSERVATION DIVISION

Date Approved _______ 7 1990 ORIGINAL SIGNED BY By_ MIKE WILLIAMS SUPERVISOR, DISTRICT II Title

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