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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

AUG 12 1992

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCITON CO.		Well API No. 30-015-24060
Address P O BOX 2760; MIDLAND, TX 79702-2760		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BIG EDDY	Well No. 93	Pool Name, Including Formation INDIAN FLATS (WOLFCAMP)	Kind of Lease State, Federal or Fee	Lease No. E-5232
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>21S</u> Range <u>28E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> KOCH OIL CO. A DIVISION OF KOCH IND. INC.	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558; BRECKENRIDGE, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NATURAL GAS PIPELINE CO. OF AMERICA	Address (Give address to which approved copy of this form is to be sent) BOX 283; HOUSTON, TX 77001-0283	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>36</u>
	Twp. <u>21S</u>	Rge. <u>28E</u>
	Is gas actually connected? YES	When? 9-29-82

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
Date Spudded 3-7-82	Date Compl. Ready to Prod. 8-6-92	Total Depth 12,750'	P.B.T.D. 11,365'					
Elevations (DF, RKB, RT, GR, etc.) 3196.2' GR	Name of Producing Formation WOLFCAMP	Top Oil/Gas Pay 10,428'	Tubing Depth 10,195'					
Perforations 10,428'-10,438'			Depth Casing Shoe 12,750'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4"	398'	550sx CLASS "C"					
11"	8 5/8"	3450'	1750sx LITE & CL "C"					
7 7/8"	5 1/2"	12750'	800sx LITE & CL "C"					

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	Oil - Bbls.	Water - Bbls.	Gas- MCF
			Post ID-2 8-18-92 Per HFO completes

GAS WELL

Actual Prod. Test - MCF/D 568	Length of Test 24	Bbls. Condensate/MMCF 15.8	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1100 PSI	Casing Pressure (Shut-in) -PAGKER-	Choke Size 13/64"

VI. 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.

Signature R.C. Houtchens
Printed Name R.C. HOUTCHENS SR PRODUCTION CLERK
Date 8-11-92 Title (915) 683-2277
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 21 1992
By ORIGINAL SIGNED BY
MINE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.