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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

CONFIDENTIAL

Form C-104
Revised 11-81
See instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.	Well API No. 30-015-26931
Address P O BOX 2760; MIDLAND, TX 79702-2760	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: NOTE: WELL SI BUILDING TANK BATTERY Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> REQUEST AUTHORITY TO MOVE 500 BBLs Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> TEST OIL	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BIG EDDY UNIT	Well No. 113	Pool Name, including Formation GOLDEN LANE (DELAWARE)	Kind of Lease State, Federal or Fee	Lease No. NM-02946
Location Unit Letter <u>K</u> : <u>2180</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>SOUTH</u> Line Section <u>8</u> Township <u>21S</u> Range <u>29E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					NO	ASAP

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 3-3-92	Date Compl. Ready to Prod. 4-10-92		Total Depth 6800'		P.B.T.D. 6465'			
Elevations (DF, RKB, RT, GR, etc.) 3389.6' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4236'		Tubing Depth 4200'			
Perforations					Depth Casing Shoe 6800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		810'		480 SX CLASS "C"			
7 7/8"	7"		3165'		100 SX CLASS "C"			
6"	4 1/2"		6800'		325 SX CLASS "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 4-10-92	Date of Test 4-13-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 50	Casing Pressure PACKER	Choke Size W/O
Actual Prod. During Test	Oil - Bbls. 149	Water - Bbls. 0	Gas - MCF EST 40

GAS WELL

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

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
R.C. HOUTCHENS SENIOR PRODUCTION CLERK
Printed Name
APRIL 16, 1992 (915) 683-2277
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 23 1992

By ORIGINAL SIGNED BY
MIKE 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.