

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

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"/> ADD <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" 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 GOLDEN 8 FEDERAL	Well No. 1	Pool Name, Including Formation SOUTH GOLDEN LANE DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM-02946
Location Unit Letter K : 2180 Feet From The WEST Line and 1650 Feet From The SOUTH Line Section 8 Township 21S Range 29E, NMPM, EDDY 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CENTENNIAL NATURAL GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 4200 E SKELLY DRIVE SUITE 560 TULSA, OK 74135-3209	
If well produces oil or liquids, give location of tanks. Unit K Sec. 8 Twp. 21S Rge. 29E	Is gas actually connected? NO	When? APPROX 21 DAYS

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 4238'-4252'			Depth Casing Shoe 6800'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 810'	SACKS CEMENT 480sx CLASS "C"					
7 7/8"	7"	3165'	100sx CLASS "C"					
6"	4 1/2"	6800'	325sx 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 (pilot, 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 SR PRODUCTION CLERK  
Printed Name  
12-18-92 (915) 683-2277  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

DEC 30 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.