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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

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

## **OIL CONSERVATION DIVISION**

FFB i 8 1993

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

O. C. D.

1000 Rio Brazos Rd., Aztec, NM 87410	2501120			. 2000		mr wha	F			
I.	REQUEST FO	R ALLOWAI ISPORT OIL								
Operator		tor ortroit	- AITO NA	TONALG		API No.				
Bass Enterprises Pro	ss Enterprises Production Co.							30-015-27215		
P. O. Box 2760, Mic	dland. Texas 7	9702-2760								
Reason(s) for Filing (Check proper box)			Ou	et (Please expl	ain)	<del></del>				
New Well		ransporter of:								
Recompletion	_	Ory Gas L	400	N						
If change of operator give name	Camprad Gas [ ] C	CONOCCUSATE		N N N N	HUNE	18	II ( A F			
and address of previous operator					· · · · · · · · · · · · · · · · · · ·	<del></del>				
II. DESCRIPTION OF WELL Lease Name		hal Name Tacket								
•	Golden 8 Federal Well No. Pool Name, Included A South Golden		-			of Lease No. Federal or Fee NM-02946				
Location		000011 0010	cii cane	(De lana			1111-02	- 340		
Unit LetterM	_ :990P	eet From The	South Lin	e and9	90 <b>F</b> e	et From The .	West	Line		
Section 8 Townsh	ulp 2:1S R	tange 29E	N	MPM.	Eddy			Canata		
III DECICIONATION OF TRA				1716 1714	Luu		<del></del>	County		
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	NSPORTER OF OIL or Condensa	AND NATU	RAL GAS	e address to w	high games	name of this f	(2.4.1			
<u>Koch Oil Company-A </u> [	Divišion of Koc		P.0.	Box 155	8. Breck	copy oj inis ja Cenridae	. Tx 76	<i>เพ)</i> 6024		
Name of Authorized Transporter of Casis		r Dry Gas	Address (Gin	e address to wi	hich approved	copy of this f	orm is to be se	ent)		
Centennial Natural ( If well produces oil or liquids,			4200 E	<u>Skelly</u>			Tulsa,	OK 74135		
give location of tanks.	_L_K81	21S 29E	is gas actuali	<b>y connected?</b> es	When	1-25-	<b>0</b> 3	3209		
f this production is commingled with that IV. COMPLETION DATA	from any other lease or po	ol, give comming	ing order num		CTB-370	1-69-	<i></i>	J		
IV. COMPLETION DATA	Oil Well	1 0 30 0	1	γ	·					
Designate Type of Completion	1 - (X)   X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	l	<u></u>	P.B.T.D.	L			
1-15-93 Elevations (DF, RKB, RT, GR, etc.)	2-5-93	^		4575		4487'				
3367 ° 21 GT	Name of Producing Formation  Delaware		Top Oil/Gas Pay 4214			Tubing Depth				
Perforations			4214			Depth Casing Shoe				
4214' - 4228'	·						75 <b>'</b>			
HOLE SIZE	TUBING, CASING AND									
14-3/4"	11-3/4" (	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT 500 sx CL "C" (Circ)				
11"	<del></del>	A)		3020		1200 sx		(Circ)		
7-7/8"				4575 <b>'</b>		350 sx CL "C" (Est 210)				
V. TEST DATA AND REQUE	CT ECD ALLOWAT									
	recovery of total volume of		he equal to or	exceed ton all	oumble for this	danth an ha t		1		
Date Libr Men Oil Knu 10 Jank	Date of Test	Total Title	Producing Me	ethod (Flow, pu	mp, gas lift, e	ic.)	Pest			
2-6-93 Length of Test		2-9-93		Flowing			3-5	5-93		
24 hours	1 Ubing Pressure 90#	Tubing Pressure 90#		Casing Pressure Packer			Choke Size 22/64 rang 4 BIT			
Actual Prod. During Test	Oil - Bbis.		Water - Bbia.			Gas- MCF				
		113		0			73			
GAS WELL Actual Prod. Test - MCF/D										
remartion ten Michie	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	Choke Size			
UI ODED ATOD CEDATING	THICATE OF CO.			TI	<del></del>	<u></u>				
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regul	ATE OF COMPL	IANCE	(	OIL CON	ISERVA	TION	טואופוט	N.I		
Division have been complied with and	that the information given:	above		ŽIL OON	OLITY	TION I		//N		
is true and complete to the best of my knowledge and belief.				Date ApprovedFFB 2 6 1993						
fld/sld				Date Approved						
Signature HOUTCHENG CENTOR PROPERTY OF THE				By ORIGINAL SIGNED BY						
R. C. HOUTCHENS, SENTOR PRODUCTION CLERK				MI	KE WILL!	<b>LMS</b>				
Printed Name Title February 11, 1993 (915) 683-2277				Title SUPERVISOR, DISTRICT IF						
Date 2-15-93 .		3-22// ione No.	H A Wheater	,						
INSTRUCTIONS: This for			<u> </u>							
TIVE HELE BELLING This for	om to to be filed in sec	mmlinaana sesiah 1	1.1. 1104							

ed 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.