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

State of New Mexico Energy, Minerals and Natural Resources Department

KELEIVED

See Instruction

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

## OIL CONSERVATION DIVISION AUG - 5 1993

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	10				201 2000	j.	C. C. D.		
I.	HEQ	UEST F	OR ALLOW	ABLE AND	) AUTHO	コフィナラ	N		
Operator	<del></del>	TOTHA	NSPORT C	IL AND N	ATURAL	GAS			
BASS ENTERPRISES PR	BASS ENTERPRISES PRODUCTION CO.						eli API No.		
Address					0-015-27294				
P O BOX 2760; MIDLA	ND, TX 7	9702-27	60						
Reason(s) for Filing (Check proper bank) New Well	t)			0	ther (Please e	txplain)			
Recompletion	0"		Transporter of:		·	,,			
Change in Operator	Oil Carlanta	· · · · · ·	Dry Gas						
Change of operator sine	Casinghe	ad Gas	Condensate						
and address of previous operator		<del></del>							
L. DESCRIPTION OF WEL	L AND LE	ASE							
reme Mattle			Pool Name, Inclu	ding Ponnation		l Vi-	nd of Lease		
GOLDEN "D" FEDERAL		1	SOUTH GOI	DEN LAN	E (DELAI			Lease No. -0509	
	40	F :						-0309	
Unit LetterC	_ :_ 49	<u>5 °                                   </u>	Feet From The $\frac{1}{2}$	ORTH L	ne and	1980	Feet From The WEST		
Section 17 Towns	hip 21s		90E	1	-		rectrom the	line	
·			Range 29E		IMPM,	EDDY		County	
II. DESIGNATION OF TRA	<b>NSPORTE</b>	R OF OII	AND NATE	RAL GAS					
Trans or Off	<u> </u>	OF CONDENS	le ,	Address (Give address to which approved copy of this form is to be sent)					
KOCH OIL COMPANY, A DIV OF KOCH IND INC				P O BOX 1558; BRECKENRIDGE, TX 76024					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CRAND VALLEY GATHERING COMPANY				Address (Give address to which approved conv of this form is to be and					
f well produces oil or liquids.	1			TATOO E. SKELLIY DR. S.		DR. ST	TE 560; TULSA, OK 74135		
ve location of tanks.	ĸ	8 2	wp.   Rgc. 21S   29E	TE RES SCOTE	y connected?	Whe	n 7		
this production is commingled with the V. COMPLETION DATA	t from any oth	er lease or po	ol. give commine	ling onles num	ham ~		7-15-93		
V. COMPLETION DATA				ing orner milit	oet: C	TB-370			
Designate Type of Completion	1 - (30)	Oil Well	Gas Well	New Well	Workover	Deepen	Dive Best In		
ate Spudded	-	X I. Ready to Pr	<u> </u>	<u> </u>	Ĺ	June	Plug Back Same Res	'v Diff Res'v	
5-14-93		• <b>Ready to 11</b> • 7−93	<b>10d.</b>	Total Depth	0.1		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)		oducing Form	ation	4550 ' Top Oil/Gas Pay			4253'		
3360.6' GR DELAWARE				4198			Tubing Depth		
··-							Depth Casing Shoe		
4208'-4224' (	84 HOLES						4550		
HOLE SIZE	TUBING, CASING ANI			CEMENTING RECORD			1 1000		
2 1/4"	UNS	OVOING & LORING SIZE		DEPTH SET			SACKS CE	MENT	
8 3/4"	9 5/8"				665'		400 SX CLASS "C"		
5 1/2"	5 1/2" 1 3/8"			4550 <b>'</b>			1300 SX CLASS "C"		
				420.	3'		SN P	+ ID-2	
TEST DATA AND REQUE	ST FOR AI	LLOWAB	LE		<del></del>		1 9	-3-5-	
L WELL (Test must be after to the First New Oil Run To Tank	ecovery of total	d volume of l	oad oil and must l	e equal to or	exceed top all	owahle for thi	April on he saw a 11 a 1	HB + chu	
7-7-93 Date of Test 7-31-93				Producing Method (Flow, pump, gas lift, etc.)					
ngth of Test	Tubing Pressure			2"x1/2" x16' Ru)Ac					
24	Tuoting 1 Icas	30		Casing Pressur 30	e		Choke Size		
lual Prod. During Test	Oil - Bbls.			Water - Bbis.					
	<u></u>	80					Gas- MCF 47		
AS WELL							1		
tual Prod. Test - MCF/D	Length of Ter	rt .	198 \$ 34.50 B	bla. Condensa	te/MMCF		Omilio do		
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Called December 10			Gravity of Condensate	Charles of Condensate	
b (pass, sack proj							Choke Size		
OPERATOR CERTIFIC	ATTOOMS								
OPERATOR CERTIFICAL hereby certify that the rules and regular Division have been compiled with the rules.	ATE OF C	COMPLIA	INCE	^					
The second control of			n ove	Ų	IL CON	SERVA	TION DIVISION	NC	
is true and complete to the best of my knowledge and belief.				Aug. 2					
10-11 4	//		- 11	Date /	Approved	d	NUG 2 4 1993		
Signature	rous			_					
	PRODuce	TON CTT	שמ	Ву			SIGNED BY		
Printed Name				MIKE WILLIAMS					
0-2-93 (915) 683-2277				Title SUPERVISOR, DISTRICT 17					
-		Telephone	No.		***	-			
INSTRUCTIONS: This form	in an I and								

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
- 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.