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

DISTRICT II
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DISTRICT III
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

SEP - 1 1993

Form C-104
Revised 1-1-89
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. 30-015-27454
Address P.O. Box 2760; Midland, Tx 79702-2760		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <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 Unit	Well No. 122	Pool Name, Including Formation Hackberry (Strawn)	Kind of Lease State, Federal or Fee	Lease No. NM-04557
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Section 4	Township 20S	Range 31E	NMPM	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company, A Div. of Koch Ind., Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Breckenridge, Tx 76024
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx 79761
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4
	Twp. 20S	Rge. 31E
Is gas actually connected?		When?
No		ASAP 10-1-93

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 6-24-93	Date Compl. Ready to Prod. 8-8-93	Total Depth 11,600	P.B.T.D. 11,501'					
Elevations (DF, RKB, RT, GR, etc.) 3984' GL	Name of Producing Formation S	Top Oil/Gas Pay 11,368	Tubing Depth 11,407'					
Perforations 11,368'-11,412'			Depth Casing Shoe 11,600'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	11-3/4"	869'	610sx c1"C"					
11"	8-5/8"	4194'	625sx c1"C"					
7-7/8"	5-1/2"	11600'	1550sx Halco Lite					

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 8-23-93	Date of Test 8-29-93	Producing Method (Flow, pump, gas lift, etc.) Pumping- 2"x1-1/2"x20' RHBC	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 80	Gas - MCF 135

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
Printed Name R.C. Houtchens Sr. Prod. Clerk
Title
Date 8-31-93 (915) 683-2277
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 22 1993

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.