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Appropriate District Office
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DISTRICTUL

-ELEIVII NOV - 5 1993

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

DI C. P.

I.	REQL	JEST FO	OR ALLOWA	BLE AND AU L AND NATU	JTHOR	IZATION					
Operator		Well API No.									
BASS ENTERPRISES PR		30-015-27683									
P O BOX 2760; MIDLA Reason(s) for Filing (Check proper box	ND, TX 79	9702-27	60			<u> </u>		•			
New Well	.	Change la f	Transporter of:	Other	Please exp	lain)			· · · · · · · · · · · · · · · · · · ·		
Recompletion	Oil		Dry Gas	•		• • • •					
Change in Operator	Casinghea		Condensate				•				
If change of operator pive name	Campgica	1 Cas [_]	Concensive [
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	L AND LEA		Dool Name In the			,					
GOLDEN "D" FEDERAL	I DEN HOLL					Kind	of Lease Lease No.				
Location 1 3 SOUTH GOI				DEN LANE (DELAWARE) State,			, Federal or Fe	NM-0509			
Unit LetterJ	. 2310		Feet From The E	AST. Line ar	⊮ 1650	, .	eet From The	SOUTH			
	ship 21S		Range 29E	, NMP		DY	eer thom 198	1			
III. DESIGNATION OF TRA	Ngpopyri				M, ED	DI		***************************************	County		
- mind of transporter of the principle of Off	122	of Condens	va	Address (Cina -	ldran (=	Link -	4				
KOCH OIL COMPANY, A	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Car	P O BOX 1558; BRECKENRIDGE, TX 76024										
GRAND VALLEY GATHERI	Address (Give address to which approved copy of this form is to be sent)					int)					
If well produces oil or liquids, give location of tanks.			wp. Rge.	is pas actually co	Is gas actually connected?			SUITE 560; TULSA, OK 74135			
	K	8	215 1 20F	VEC							
If this production is commingled with th IV. COMPLETION DATA	at from any other	r lease or po	ol, give comming	ing order number:	C ^r	rB-370	10-29-93				
Designate Type of Completio	m - (Y)	Oil Well	Gas Well	Now Well W	orkover	Deepen	Plug Back	Same Ber'u	Diff Reg'y		
Date Spudded	• •	1 <u> x </u>	<u>.</u>	Total Depth	_	j i	1	OWING ICES A	Dill KERY		
10-2-93		Date Compl. Ready to Prod.			the state of the s			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			4525'			4480 1			
· · · · · · · · · · · · · · · · · · ·	DELAWA		Milon	Top Oil/Gas Pay			Tubing Depti	Tubing Depth			
3384.8' GL 3402' KB Perforations	4226'			4158'							
4226'-4259' (162 HOLI				Depth Casing Shoe 4525'							
HOLE SIZE	<u>T</u>	TUBING, CASING AND			CEMENTING RECORD						
14 3/4"	1	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
11" & 7 7/8"				1250'			860 SX CL "C"				
11 8 1 1/0	<u> </u>	5 1/2"			4525'			PSL &	CL "C"		
		·····		·				ast II)-9		
V. TEST DATA AND REQUI	EST FOR A	Lawa	ir B	<u> </u>	· · · · · · · · · · · · · · · · · · ·			12-31.	-93		
OIL WELL (Test must be after	tecovery of load	operations of	ILIE Innd all and more				-	CAMP Y	LBK		
Date First New Oil Run To Tank	Date of Test	u voiwne of	ioda ou ana musi	be equal to or exce	ted top allo	wable for thi	depth or be fo	r jidl 24 hour	3.)		
10-29-93	10-3	193		Producing Method F'LOWING	(Flow, pu	mp, gas lift, e	itc.)				
Length of Test		Tubing Pressure					Choke Size				
24 HRS	100			Casing Pressure PACKER							
Actual Prod. During Test	Oil - Bbls.	† 			Water - Bble.			W/O Gas- MCF			
	113	•		2			,				
GAS WELL							33				
Actual Prod. Test - MCF/D	Length of Te	<u></u>		Bbls. Condensate/			·				
				nois, Condensate/	MMCP		Oravity of Co	ndensate			
ostling Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Clioke Size				
A ODED ATOR CERTIFICA			man Man	- The second of		-					
I. OPERATOR CERTIFIC	CATE OF (COMPL	IANCE			-					
I hereby certify that the rules and regularities have been complied with and in true and complete to the beautiful.	d that the inform	ation siver .	on Bove	OIL	. CON	SERVA	ATION E	OISIVISIO	N		
is true and complete to the best of my	nowledge and	belief.		Date Ap	proved	<u> </u>	OV 2 9	1993			
K.C. Nousta	dens:	. *				i					
Signature	By ORIGINAL SIGNED BY										
R.C. HOUTCHENS S	MIKE WILLIAMS										
Printed Name 11-3-93 (915) 683+2277				Title SUPERVISOR, DISTRICT IN							
Date											
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INCTUICATIONS, ALL S								sto.			

FRUCTIONS: 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.