Submit 3. Copies Appropriate Disulct Office DISTRUCT 1 F.O. Dox 1980, Hobbs, this 88240			lineral	s and N	New Mexico atural Resources Dep	- E	. .		Form (Revise	1 1.1.89 1 1
DISIDICI II P.O. Drawer DD, Artesia, NM 88210	(OIL C	ONS	ERV	ATION DIVIS	SION	o n t	Etg) (at Bott	om of l'age
DISTRICT III				- I.U. J	вох 2088 Лехісо - 87504-208:		·	e de la companya de		
TWO Rio Diszos Rd., Aziec, NM 8/410	REQU	JEST FO	RAL	LOWA		א כום ר	TION	an and a An Anna Anna Anna An Anna Anna Anna A		
Operator			1350	DALO	IL AND NATURA	LGAS				
BASS ENTERPRISE	S PRODUC	TION CO)					AFIN . D-015-04	725	
P.O. BOX 2760, Reason(e) for Filling (Check proper box)	MIDLAND,	TEXAS	797	02-27	'60			010.04	/33	
New Well		Change in]	Tanepor	ter of:	Other (Please	explain)				
Recompletion	Oil Casinghead		Dry Gas	\mathbf{X}						
if change of operator give name and address of provious operator	Casingioso		Condens	ato []			· · · · · · · · · · · · · · · · · · ·			
IL DESCRIPTION OF WELL	AND LEA	SE		·····						······
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Location	l_		<u>L0</u>	<u>s med</u>	ANOS ATOKA GAS	(Foderal or Po		саю No. 757-Л
Unit Letter0	_ :6(<u>60</u>	'eet From	m The	SOUTIL Line and 2	009·	E.	et From The .	EAST	
Soction 36 Townsh	<u>lp 225</u>		lange	30E	NMPM.	EDDY		~ riom 100.		Line
III. DESIGNATION OF TRAN	SPORTER							<u> </u>		County
Name of Authorized Transporter of Oil KOCII OIL COMPANY, A L		or Condensa			Address (Give oddress)	o which o	ne oud	const of this (
r tane of Attanonized Transporter of Casin	PLVISION)- IN(•• []]		90° RH	I.C.K.F.	NRIOGE	TEYAC 7	6024
GPM GAS CORPORATION		<u> </u>		•• (X)	Address (Give address) 4044 PENBRO	o which a	nrowd	conv of this G	nem is to be a	int)
give location of tanks.	in i	26 i	wр. 225		Is gas actually connecte	d7	When	1 1 <u>x 797</u>	62	
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	al, give	<u>Comming</u>	YES		l	MAY 27,	1958	
		Oil Well		• Well	·					
Designate Type of Completion Date Spudded	- (X)		i	• ¥¥6[]	New Well Workove	r De	xbeu	Flug Back	Same Res'v	Diff Ros'v
	Date Compl.	Ready to Pi	od.		Total Depth			P.B.T.D.	L	_L
evations (DF, RKB, RT, GR, etc.) Name of Producing Pormation					Top Oil/Oas Pay	······		Tubing Dept		
Perforations		·····								
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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 filled for each pool in multiply completed wells.