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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: BASS ENTERPRISES PRODUCTION CO. ✓

Address: P.O. Box 2760, Midland, TX 79702-2760

Reason(s) for filing (Check proper box)

- ☐ New Well
- ☐ Recompletion
- ☐ Change in Ownership
- Change in Transporter of:
  - ☐ Oil
  - ☐ Casinghead Gas
  - ☐ Dry Gas
  - ☐ Condensate

Other (Please explain): INCREASE ALLOWABLE

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
JAMES RANCH UNIT	7	LOS MEDANOS DELAWARE		NM 02887A

Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST

Line of Section 6 Township 23S Range 31E NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☑ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
CONOCO, INC.	P.O. Box 2587, Hobbs, New Mexico 88240-2587
Name of Authorized Transporter of Casinghead Gas ☑ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
EL PASO NATURAL GAS CO.	P.O. Box 1492, El Paso, TX 79978-1492

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	6	23S	31E	YES	2-79

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

R.C. Whitlow
(Signature)

Senior Production Clerk
(Title)

JAN. 15 - 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 21 1988, 19 ____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-29-74	1-19-76	14,590'	13,900'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3319' GR	BONE SPRING	11,017'	13,900
Perforations			**Depth Casing Shoe**
11,017' – 11,052' BONE SPRING			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	630'	550 SX
14 3/4"	10 3/4"	3942'	650 SX
9 1/2"	7 5/8"	11912'	700 SX
6 1/2"	5" LINER	14,585'	320 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
N/A	12-30-87	FLOWING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs	560#	520#	W/O
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	24	0	23

GOR - 958

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**