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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Bass Enterprises Production Co.	
Address P O Box 2760, Midland, Texas 79702-2760	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☐ Change in Ownership	☐ Gaslinehead Gas
	☐ Dry Gas
	☐ Condensate
Change Operator name and NGPLCA address	

Operator

If change of ~~operator~~ give name and address of previous owner Perry R. Bass, P O Box 2760, Midland, Texas 79702-2760

II. DESCRIPTION OF WELL AND LEASE

Lease Name James Ranch Unit	Well No. 12	Pool Name, including Formation Livingston Ridge Atoka Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 06808
Location				
Unit Letter G	: 1450	Feet From The North Line and	1830	Feet From The East
Line of Section 21	Township 22S	Range 30E	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)
The Permian Corporation Permian (Eff. 9/1/87)	P O Box 1183, Houston, Texas 77001-1183
Name of Authorized Transporter of Gaslinehead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Co. of America	P O Box 283, Houston, Texas 77001-0238
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	G 21 22S 30E
Is gas actually connected?	When
Yes	June 4, 1981

If this production is commingled with that from any other lease or pool, give commingling order number: Post ID-3

8-8-86

Chg Op name

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. Houtchens

(Signature)

Senior Production Clerk

(Title)

July 21, 1986

(Date)

OIL CONSERVATION DIVISION

AUG - 8 1986

APPROVED _____, 19 _____

BY Original Signed By

Les A. Clemente

TITLE Supervisor District II

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. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.H.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke size