Subnit 3 Copies
Aparopriate District Office
DISTRICT 1
P.O. Dox, 1980, Hobbs, NM 88240

State of New Mexico inergy, Minerals and Natural Resources Dep

See Instructions
At Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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การา	BICLI	11 _					

Santa Fe, New Mexico 87504-2088

1000 Rio Biazos Rd., Aztec, NM 8/410) DECLIEST TO THE		A Company of the Comp			
1.	REQUEST FOR ALLOW	ABLE AND AUTHORIZA	TION			
Operator	TO THANSPORT C	DIL AND NATURAL GAS	Well Al'I No.			
Address BASS ENTERPRIS	ES PRODUCTION CO.		30-015-23075			
P.O. BOX 2760,	MIDLAND, TEXAS 79702-2					
Reason(s) for Filing (Check proper box) New Well		Other (Please explain)				
Recompletion	Change in Transporter of:					
Change in Operator	Oil Dry Gas X Casinglicad Gas Condensate					
If change of operator give name and address of previous operator	Controlling					
L. DESCRIPTION OF WELL	ABIES E TRACE					
Compa Leatibo	Well No. Pool Name, Inclu	dia t				
JAMES RANCH UNIT	10 LOS MED/	MOS ATOKA GAS	Kind of Lease No. State Federal or Fee 0 2004 D			
		THO THE WAY	State Products or Fee 0-2884-B			
Unit Letter	: 1980 Feet From The _	NORTH Line and 66	lies lien 71 - 5/15/1			
Section 1 Townshi	ip 23S Range 30E	NMPM EDDY	Line Line			
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NAT		County			
		Address (Give address to militar				
KOCH OIL COMPANY, A D. Name of Authorized Transporter of Casin		UL 12.U. ROX 155Ω D	pproved copy of this form is to be sent)			
GPM GAS CORPORATION	ighead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	4044 PENBROOK; ODE;	SSA, TX 79762			
	1 1 1 235 200		When 7 APRIL 18, 1980			
IV. COMPLETION DATA	from any other lease or pool, give comming	gling order number:	1 20, 2500			
Designate Type of Completion	Oil Well Gas Well	New Well Workover D				
Date Spudded		1 1	oepen Plug Back Same Res'v Diff Res'v			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				
Perforations	1		Tubing Depth			
			Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND	CEMENTING RECORD				
THOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUES	T FOR ALLOWAREE					
IL WELL (Test must be after red Date First New Oil Run To Tank	covery of total volume of load oil and must Date of Test	be equal to or exceed top allowable	Sandle Late			
Parte 1 HR New Olf Run To Tank	Date of Test	Producing Method (Flow, pump, go	yor this depth or be for full 24 hours.) as lift, etc.)			
ength of Test	Tubing Pressure	Casing Pressure				
ctual Prod. During Test		County Liethfild	Choke Size			
Total	Oil - Dble.	Water - Bbla.	Оля- МСР			
AS WELL						
ciual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCP				
sting Method (pitot, back pr.)	•	post, Condensate/MIMCh	Gravity of Condensate			
sting memor (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
L OPERATOR CERTIFICA	TE OF COMPLIANCE	and the second s				
I HELEO'S CEIGHT WILL THE PURE BOOK PROMISE	form of the City of	OIL CONSE	RVATION DIVISION			
Division have been complied with and the is true and complete to the best of my keep						
DD 1/1	//	Date Approved APR 8 1993				
Signature A.C. DYON	Cheus	_				
B.C. HOUTCHENS SENT	OR PRODUCTION CLEBY	By ORIGINAL	SIGNED BY			
	Title · · ·	MIKE WILLIAMS Title SUPERVISOR, DISTRICT 19				
Date	915) 683-2277 Telephone No.	TINGSOLERVIS	OIL, DISTRICT IT			
	110		•			

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
- 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.

Submit 3 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

ergy, Minerals and Natural Resources Depar

State of New Mexico

OIL CONSERVATION DIVISION P.O. Box 2088

OCT 31 '90

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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DISTRICT III			•		exico 8750			2. D. DO			
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR AL	LOWAE	LE AND A	NUTHORIZ	.S			UP	
Operator							Well A	Pl No.			
BASS ENTERPRISES	s produ	JCTION	CO.				3	0-015-23	075	+= ¹	
Address P.O. BOX 2760, 1	MIDLANI	D, TEXA	S 79	9702-27	60	<u> </u>					
Reason(s) for Filing (Check proper box)						r (Please expla	in)				
New Well		Change in	Тпавро	nter of:	_	•	·				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghe	nd Cas 🗌	Conden								
f change of operator give name and address of previous operator											
L. DESCRIPTION OF WELL	AND LE		, 				<u> </u>				
Lease Name		Well No. Pool Name, Including Formation				Kind of Lease State Federal or Fee			ase No.		
JAMES RANCH UNIT	·k	10	L03	S MEDAN	IOS ATOKA	GAS	(Sub)	POCESI OF PEC	0-28	34-B	
Location	100	ο.		N.	IODTII		cco	į	FACT		
Unit LetterH	_ :198	<u> </u>	Feet Fre	om The	ORTH Line	and	660 Fe	et From The _	EA21	Line	
Section 1 Township	p 23S		Range	30E	NN.	1PM, EDDY			·	County	
II. DESIGNATION OF TRAN	SPORTE	ER OF O	L AN	D NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		ſΫ́		address to wh	ich approved	copy of this for	rm is to be se	nt)	
KOCH OIL COMPANY, A DI	<u>IVISTON</u>	OF KO	CH IN		P.O.	BOX 1558	BRECKE	NRIDGE.	TX 760)24	
Name of Authorized Transporter of Casing NATURAL GAS PIPELINE (AMEDIC		Ges 💢	Address (Give	address to wh	ich approved	copy of this for	rm is to be se	nt)	
If well produces oil or liquids,	Unit		1					- VAC 77			
n wen bronness on or ndmar			PR	1 5				XAS 770			
rive location of tanks.	H	Sec. 1	Twp. 23S	Rge. 30E	la gas actually YES		When		001-028		
give location of tanks. If this production is commingled with that	Н	1	235	130E	la gas actually YES	connected?	When	7	001-028		
r this production is commingled with that it. V. COMPLETION DATA	from any od	1 her lease or	23S pool, giv	e comming	is gas actually YES ing order numb	connected?	When AP	? RIL 18,	001-028 1980	3	
ive location of tanks. I this production is commingled with that	from any od	1	23S pool, giv	130E	la gas actually YES	connected?	When	7	001-028 1980		
rive location of tanks. If this production is commingled with that it. V. COMPLETION DATA Designate Type of Completion	from any of	1 her lease or	23S	e comming	is gas actually YES ing order numb	connected?	When AP	? RIL 18,	001-028 1980	3	
f this production is commingled with that in the comming of which that in the comming of the completion of the completio	H from any of - (X) Date Com	ler lease or	23S pool, giv	e comming	Is gas actually YES ing order numb	v connected?	When AP	Plug Back	001-028: 1980 Same Res'v	3	
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ive location of tanks. If this production is commingled with that it. V. COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	From any off - (X) Date Com Name of F	1 her lease or Oil Well ppl. Ready to	23S pool, giv	1 30E e comming! Bas Well	la gas actually YES ing order sums New Well Total Depth Top Oil/Gas I	Workover	When AP	Plug Back P.B.T.D.	001-028: 1980 Same Res'v	3	
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OIL WELL

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 - Bbla.	Gas- MCF		
CARWELL					

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Contraction of the contraction o	الراب المستحد وواجيدات ببالالتا	

VL 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 SENIOR PRODUCTION CLERK Printed Name 10-26-90 Tide 683-2277 (915)Date Telephone No.

OIL CONSERVATION DIVISION

7 1990 NOV Date Approved .

ORIGINAL SIGNED BY By_ MIKE WILLIAMS

SUPERVISOR, DISTRICT IF Title.

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