Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

IRICI III D Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTHORIZAT	TION		
	TO TRANSPORT OIL AND NATURAL GAS			Well API No.		
BASS ENTERPRISES P	· · · · · · · · · · · · · · · · · · ·		30-015-24062			
iress P.O. BOX 2760, MID	LAND, TX 79	702-2760				
uson(s) for Filing (Check proper box) w Well	Change in	Transporter of:	Other (Please explain)			
completion	Oil _	Dry Gas				
ange in Operator hange of operator give name	Casinghead Gas	Condensate X				
address of previous operator						
DESCRIPTION OF WELL AND MAINS RANCH UNIT	AND LEASE Well No. 13	Pool Name, Including	g Formation OS ATOKA GAS	Kind of Lease State, Federal or Fed	Lesse No. NM-02887-D	
cation F	1440	Feet From The NO	RTH Line and 860	Feet From The	WEST Line	
Unit Letter	_ :		LDDA		County	
Section 6 Townsh	i p 23S	Range 31E	, NMPM, EDUT		County	
. DESIGNATION OF TRA	NSPORTER OF C	OIL AND NATU	RAL GAS	1 245	form in to be sent)	
ame of Authorized Transporter of Oil	of Authorized Transporter of Oil The ENERGY CORPORATION Effective Control of		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TX 77210-4666			
ame of Authorized Transporter of Casi	nghead Gas	or Dry Gas 💢	Address (Give address to which	approved copy of this	form is to be sens)	
L PASO NATURAL GAS C	OMPANY Unit _ S∞ ₂	Twp. Rge.	P.O. BOX 1492, E	When?		
well produces oil or liquids, ve location of tanks.	i <u>ti 6</u>	23S 31E	YES	_i2-	-10-83	
this production is commingled with the V. COMPLETION DATA	it from any other lease	or pool, give comming!	ing order number:			
	Oil W	ell Gas Weil	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completio	n - (X) Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.	.1	
are Shrknen	Date Compilities					
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing De	Tubing Depth	
erforations				Depth Cas	ing Shoe	
	TUDIN	G CASING AND	CEMENTING RECORL)		
HOLE SIZE		TUBING SIZE	DEPTH SET		SACKS CEMENT	
					1 A 1 Y	
					da LT: 136.	
V. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR ALLO	WABLE me of load oil and mu	nt be equal to or exceed top allo	wable for this depth or i	pe for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas lift, etc.)		
Length of Test	Tubing Pressure		Casing Pressure	Choke Si	ze	
			Water - Bbls.	Gas- MC		
Actual Frod, During Test	Oil - Bbls.		Water - Boile			
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 S	ize	
VI. OPERATOR CERTII I hereby certify that the rules and Division have been complied with is true and complete to the best of	regulations of the Oil C and that the information my knowledge and bel	onservation n given above	OIL CON	NSERVATIO	1694	
Signature R.C. HOUTCHENS SR. PRODUCTION CLERK			By State CT II			
Printed Name		Title 583-2277	11			
3-1-94 Date	(312) (Telephone No.	-			

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 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.