	NO. OF COPIES RECEIVED		~				
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COL	SION	Parms C - 104		
•	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Ol	Supersedes Old C-104 and C+1		
	FILE AND					Effective 1-1-65	
	U.S.G.S.	ANSPORT OIL AND NATURAL GA					
	LAND OFFICE				RECEIVED		
	TRANSPORTER GAS V						
	OPERATOR	4					
	PRORATION OFFICE				JUL 26 '88		
1.	Operator	L/	······	·······			
	Bass Enterprises Production Co.				O. C. D.		
	Address				ARTESIA, OFFICE		
	First City Bank Tower,	First City Bank Tower, 201 Main St., Fort Worth, Texas 76102					
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of: Change Operator of Record						
	Recompletion OII Dry Gas U Effective 7/20/88						
	Change in Ownership X Casinghead Gas Condensate						
	If change of ownership give name Enron Oil & Gas Company, Box 2267, Midland, Texas 79702						
	and address of previous owner EITOII UTT & Gas Company, DUX 2207, HIGIdild, TEXAS 79702						
	DESCRIPTION OF WELL AND LEASE						
п.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation	Kind of Lease		Lease No.	
	James Ranch Unit	15 Los Mendanos M			or Fee Federal	NM 02887	
	Location						
	0 79	0 701 south 1924					
	Unit Letter; Feet From The Line and Feet From The						
	Line of Section 7 Township 23S Range 31E , NMPM, Eddy				dy	County	
III.		TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil		Address (Give address t			to be sent)	
	Enron Oil Trading & Tr	•	Box 20108, Shr	•			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which appro						
	Natural Gas Pipeline Co. of America Box 293, Houston, Texas						
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When aire location of tanks. M 8 23 31 Yes 4-12-85						
	give location of tanks.						
137		th that from any other lease or pool,	give commingling order	number:		·	
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v	
	Designate Type of Completion	$\operatorname{on} - (\mathbf{X})$			1 L 2 +	i I	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>1</u>	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
			İ				
	Perforations				Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
			· · · · · · · · · · · · · · · · · · ·				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE Post IP-		
					7-29-8	<u></u>	
					chie an	<u> </u>	
			1				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil i	and must be equal to or	exceed top allow	
	OIL WELL able for this depth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lif	t, etc.)	•	
				······			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	¢	
	A studi Dasel Duvine Test	Oil-Bbla.	Water-Bbls.		Gas - MCF		
	Actual Pred. During Test						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI	7	Gravity of Condensat	0	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size		
		<u> </u>)		
¥I.	CERTIFICATE OF COMPLIANCE		OILO	CONSERVA	TION COMMISSIC	N	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 2 7 1988, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYOriginal Signed By				
			Mike Williams				
	\cap		TITLE Mike Williams				
	D Xiao		This form is to be filed in compliance with RULE 1104.				
	Bitter Allalon		If this 16 a request for allowable for a newly drilled or despene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for silow able on new and recompleted wells. Fill out only Sections I, II, III, end VI for changes of owner well name or number, or transporter, or other such change of condition				
	Signature) Rotty Gildon Pequilatory Analyst						
	Betty Gildon, Regulatory Analyst						
	(Title) July 25, 1988						
	{Date}		Separate Forms C-104 must be filed for each pool in multipl				
		• •					