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

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

DISTRICT III

State of New Mexico nergy, Minerals and Natural Resources Depar nt

RECEIVED

Form C-104 Revised 1-1-89 See Instructions

DCT 31 '90

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST F	OR ALLOWAE	BLE AND AU	JTHORIZ JRAL G/	AS AR	TESIA, OFFICI	E	Vγ		
BASS ENTERPRISES PRODUCTION CO.					Well API No. 30-015-24780					
Address	· · · · · · · · · · · · · · · · · · ·		1 30	-015-247	80					
P.O. BOX 2760, Reason(s) for Filing (Check proper bar		S 79702-276		75:	<del> </del>	<del></del>		··· • • • • • • • • • • • • • • • • • •		
New Well	•	n Transporter of:	Other	(Please expla	iin)					
Recompletion	Oil	Dry Gas								
Change in Operator	Casinghead Gas	Condensate X	<del></del>							
change of operator give name ad address of previous operator	·.									
L DESCRIPTION OF WEL	L AND LEASE									
JAMES RANCH UNIT	Well No.   Pool Name, Includi 15   LOS MENDA					Lease No. Rederal or Fee NM 02887B				
Unit Letter0	791	_ Feet From The _S	OUTH Line a	ı <b>nd</b> 192	24 <b>Po</b>	et From The	EAST	Line		
Section 7 Town	ahip 23S	Range 31	E .NMF	EDI	DY			County		
T DECICAL TON OF THE								County		
I. DESIGNATION OF TRA lame of Authorized Transporter of Oil	NSPORTER OF C	DIL AND NATU	RAL GAS	Adhen to	lich a	aami adal ta d		-41		
KOCH OIL COMPANY, A	Address (Give address to which approved copy of this form is to be sent)  C. P.O. BOX 1558, BRECKENRIDGE, TEXAS 76024									
lame of Authorized Transporter of Ca	singhead Gas	or Dry Gas	Address (Give o							
NATURAL GAS PIPELINE f well produces oil or liquids,			BOX 283	, HOUSTO	ON, TEXA	S 77001		•		
ve location of tanks.	Unit   Sec.   M   8	Twp.   Rga.   23S   31E	ls gas actually o		Whea	-	N.I			
this production is commingled with the			ing order number	YES	l	UNKNOW	N	<del></del>		
V. COMPLETION DATA			·							
Designate Type of Completic	on - (X) Oil We	ll Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ate Spudded	Date Compl. Ready	to Prod.	Total Depth		ن <sub>ىد</sub> ــــــــــــــــــــــــــــــــــــ	P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe				
										Triplica in the second
HOLE SIZE CASING		LIBING SIZE	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
	CASING & TUBING SIZE									
							11-23-20			
					chg LT: PER					
. TEST DATA AND REQU	EST FOR ALLOW	ABLE	1				·			
IL WELL (Test must be after	er recovery of total volum		be equal to or ex	sceed top allo	owable for this	depih or be fo	r full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	Tali- D	Talia Danie		Code December			Choke Size			
	Tubing Pressure	Tuoing Pressure		Casing Pressure			CHORN GILL			
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF				
		·····	<u></u>		·····	l				
GAS WELL  cital Prod. Test - MCF/D						·				
count From Test - MCI/D	Length of Test	Bbls. Condensate/MMCF			Cravity of Condensate					
sting Method (pitot, back pr.)	Tubing Pressure (Sh	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size		
L OPERATOR CERTIF	ICATE OF COM	PLIANCE				I		<del></del>		
I hereby certify that the rules and re	gulations of the Oil Cons	ervation	0	IL CON	<b>ISERV</b>	ATION E	DIVISIO	N		
Division have been complied with a is true and complete to the best of n	and that the information ei	ven above				NOU 4	c 4000			
R.C. Houte	Date ApprovedNOV 1 6 1990									
		···	B.,	Ot	MCINAI C	IGNED BY				
R.C. HOUTCHENS, SI	By ORIGINAL SIGNED BY MIKE WILLIAMS									
Printed Name	Title SUPERVISOR, DISTRICT IT									

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.

Telephone No.

- 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.