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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

RECEIVED

APR - 9 1991

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bass Enterprises Production Co. ✓	Well API No. 30-015-24780
Address P.O. Box 2760, Midland, Texas 79702-2760	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name James Ranch Unit	Well No. 15	Pool Name, Including Formation West Sand Dunes Atoka Gas	Kind of Lease State, Federal or Fee	Lease No. NM-02887-B
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>100</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>23S</u> Range <u>31E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company, A Division of Koch Ind. Inc.	P.O. Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 77001-0283					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	8	23	31	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded W/O 1-28-91	Date Compl. Ready to Prod. 2-3-91	Total Depth MD 15,090'	P.B.T.D. MD 14,450					
Elevations (DF, RKB, RT, GR, etc.) GL 3311'	Name of Producing Formation Atoka	Top Oil/Gas Pay 13,522'	Tubing Depth 13,450					
Perforations 13,522' - 13,528' MD - (13,210' - 13,216' TVD) Atoka	Depth Casing Shoe 15,090'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	610'	1100 SX Lite & CL "C"					
17 1/2"	13 3/8"	4012'	3550 SX Lite & CL "C"					
9 7/8"	7 5/8"	12,265'	1134 SX Lite & CL "H"					
7 5/8" CSG.	Liner 5"	11,811' - 15,090'	430 SX					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 AOF 2726	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2250	Casing Pressure (Shut-in) Packer	Choke Size 14/64

VI. 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  
Printed Name R.C. Houtchens Sr. Production Clerk  
Date 4-8-91 Telephone No. (915) 683-2277

OIL CONSERVATION DIVISION

APR 10 1991

Date Approved \_\_\_\_\_  
By MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT #

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.