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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 M	: 660	Feet From The South	Line and 100	Feet From The West
Section 8	Township 23S	Range 31E	NMPM,	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company, A Division of Koch Ind. Inc.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK, ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 8
	Twp. 23	Rge. 31
Is gas actually connected? Yes		When? Unknown

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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

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
Sr. Production Clerk
Date
4-1-93
Telephone No.
(915) 683-2277

OIL CONSERVATION DIVISION

Date Approved
APR 8 1993

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 with Rule 111.

- 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.