| Submit 3 Copies Appropriate District Office <u>DISTRICT 1</u> | | hergy, N | | - | w Mexico ral Resources E | epar | nt R | RECEVED Form C-104 Revised 1-1-89 See Instructions at Bottom of Page | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------|---------------------|-------------------|----------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|--|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | ļ | | | P.O. Bo | FION DIVISION < 2088 vico 87504-2088 | | | OCT 31 '90 | | IS F | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. | | | | LOWAB | LE AND AUT AND NATUR | HORIZ | S A | C. C. D. RTESIA, OFFIC | E | Up | |
| BASS ENTERPRISES | PRODUC | CTION (| | | | | Well A | .PI No. <u>30-015</u> | -24933 | | |
| Address P.O. BOX 2760, M Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator | I DLAND Oil Casingher | | Transpor Dry Gas | | A CONTRACTOR OF THE OWNER OF THE | ease expla | in) | | | | |
| IL DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | |
| Lease Name BASS 10 FEDERAL Location | Well No.Pool Name, Including3INDIAN DRAW | | | | | | | of Lease Lease No. Federal or Pee LC069142A | | | |
| Unit Letter0 | 99 | 0 | _ Feet Pro | m The SOL | JTH Line and | 1980 |) Fo | et From The <u>E</u> | AST | Line | |
| Section 10 Township 22S Range 28E NMPM, EDDY County | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| Name of Authorized Transporter of Oil KOCH OIL COMPANY, A DI | | or Conde | المعددة | | Address (Give add | | | | | | |
| Name of Authorized Transporter of Casing | | | or Dry (| | Address (Give add | | | | | | |
| NONF If well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | Is gas actually cor | When | 7 | 1 | | | |
| give location of tanks. <u>K 10 22S 28E N0</u> If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | | | |
| IV. COMPLETION DATA | | | | | • | | · · · · · · · · · · · · · · · · · · · | ····· | | · · · · · · · · · · · · · · · · · · · | |
| Designate Type of Completion | | Oil Wel | i | ias Wo <u>l</u> l | i i | orkover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Corr | ipl. Ready t | o Prod. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, elc.) | GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | Depth Casing Shoe | | | | | | | |
| HOLE SIZE | TUBING, CASING AND C | | | | CEMENTING RECORD DEPTH SET | | | S | SACKS CEMENT | | |
| | | | | | | | | Port ID-3 | | | |
| | | | | | | | | 11-9-90 cha bT: PER | | | |
| V. TEST DATA AND REQUES | T FOR | ALLOW | ABLE | | | | | <u>_</u> | .] | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | ecovery of I | otal volume | | il and must | | | | the second s | r full 24 hou | rs.) | |
| | Date of Test | | | | Producing Method (Flow, pump, gas lift, e | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Waler - Bbla. | | | Gas- MCF | | | |
| GAS WELL | L | | | | 1 | | | I. <u></u> | |] | |
| Actual Prod. Test - MCI/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Oravity of Condensate | | | |
| Tosting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VL OPERATOR CERTIFIC | ATE O | FCOM | PLIAN | ICE | | | | ATION | | | |
| 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. | | | | | OIL CONSERVATION DIVISION Date Approved NOV 7 1990 | | | | | | |
| RC. Noutcheus | | | | | | | | | | | |
| Signature R.C. HOUTCHENS, SENIOR PRODUCTION CLERK Printed Name Title | | | | | By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT II | | | | | | |
| <u>10-29-90</u> (915) 683-2277 Date 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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 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.