The base provided	Submit 3 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240	State of N ergy, Minerals and Nat	ew Mexico ural Resources Depar 11	RECEIVED Form C-104 Revised 1-1-89 See Instructions	
District and the state of the stat	DISTRICT II			at Bottom of Page	
I REGUEST FOR ALLOWABLE AND AUTHORIZATION STEM. OFFICE W Operator TO TRANSPORT OLL AND NATURAL GAS 30-015-25303 30-015-25303 Operator 30-015-25303 30-015-25303 30-015-25303 Research for Filing (Ark # roper host) Charge in Thanporter of Call Carge host for filing (Ark # roper host) Other (Please aphilis) Research for Filing (Ark # roper host) Callege has Thanporter of Call Carge host for filing (Ark # roper host) Other (Please aphilis) Research for Filing (Ark # roper host) Callege has 0 and to the provide of the model of the carge of the rope host for filing (Ark # roper host) Callege has 0 and to the provide of the rope host for filing (Ark # roper host) If charge of green by the arms and added of provide operator To making the provide operator Loss Name Ideated arm and the filing (Ark # roper host) Yell No. Provide arms Loss Name Loss Name Ideated are in the filing (Ark # roper host) Yell No. Provide arms Search 2000 (Please aphilis) Loss Name Ideated Arms Yell No. Provide arms Yell No. Provide arms Loss Name Loss Name Ideated Arms Yell No. Provide arms Search 2000 (Please are in the filing (Ark # roperine to the host host are aroperine to the host host for the host				CIST	
Image: Control of Contro	1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAT		BIESIA DEFICE	
BASS ENTERPRISES PRODUCTION CO. 30-015-25303 Address P.O. BOX 2760, MIDLAND, TEXAS 79702-2760 Reaccit() for filling (Check proper loss) Charge is insupport of Diffield (Check proper loss) New Will Charge is insupport of Diffield (Check proper loss) Charge is insupport of Charge is insupport of Diffield (Check proper loss) Diffield (Check proper loss) Loss Name and eddma of provides openice Charge is insupport of Diffield (Check proper loss) Loss Name BASS 10 FEDERAL Sinth Sinth Non, Including Formation Loss Name BASS 10 FEDERAL Sinth Sinth Non, Including Formation Loss Name Bass 10 FEDERAL Sinth Sinth Non, Including Formation Loss Name Bass 10 FEDERAL Sinth Sinth Non, Including Formation Loss Name Bass 10 FEDERAL Sinth Sinth Non, Including Formation Loss Name Bass 10 FEDERAL Sinth Sinth Non, Non Non TURAL GAS Name of Authorized Timaport of Col None None Col None Ferror The Sinth Sinth None None None None None None None None		TO TRANSPORT OIL	AND NATURAL GAS		
P.O. BOX 2760, MIDLAND, TEXAS 79702-2760 Reace() for Filing (Chick proper box) Charge is Transporter of Carding lead Ots Other (Filense explain) Recompliation Oil Charge is Transporter of Carding lead Ots Conserve of Carding lead Ots If charge of operator Criting lead Ots Conserve of Carding lead Ots Conserve of Carding lead Ots If charge of operator Criting lead Ots Conserve of Carding lead Ots Conserve of Carding lead Ots If charge of operator Criting lead Ots Conserve of Carding lead Ots Conserve of Carding lead Ots It observe of provide operator Section 10 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 10 Long NA Section 10 Township 22S Range 28E NMPA(EDDY County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Cirie address to which approved copy of this form is to be serve) Koci IIII IIIC PLO DN 1550, DN 650, BRECKENRIDUC, TEXAS 76024 Name of Autobrated Transporter of Calinghead Gas or Drog Case Indetes (Cirie address to which approved copy of this form is to be serve) NOKE UTTO 100 AT Drog Departor ITO 100 Condensite Indetes (Cirie address to which approved copy of this form is		PRODUCTION CO.			
New Weil Coace is transporter of international processing in the balance international processing in the balance is an experimental international operator in the balance is an experimental processing operator in the balance is an experimental processing in the balance is an experiment processing in the balance is an experessing in the procese is an experiment pro	P.O. BOX 2760, MI	IDLAND, TEXAS 79702-270	50		
Recompletion Oil		Change in Transporter of	Other (Please explain)		
It charge of opening jobs name used addres of providua opening IL DESCRIPTION OF WELL AND LEASE Laser Name BASS 10 FEDERAL 5 InDIAN DRAW DELAWARE (EAST) SadeTesting ive name BASS 10 FEDERAL 5 Indian of providua opening Usit Letter 1 1 1980 Section 10 Township 225 Range 28E Name of Autoorded Transport of ON Construct (International Construction openies) KOCH 01L COMPANY, A DIVISION OF KOCH 1ND. 1NC. P. O. BOX 1558, BRECKENRIDGE, TEXAS 76024 Name of Autoorded Transport of Casioplead Gas or Dry Cas NONE Address (Give address to which approved copy of this form is to be sent) NONE Construction Very leveload of table 001 Very leveload of table K Very leveload	. ·				
IL DESCRIPTION OF WELL AND LEASE Licese Name Status Name BASS 10 FEDERAL 5 JUDIAN DRAW DELAWARE (EAST) Status of Lesse Usit Letter 1 1 1980 Section 1 Usit Letter 1 1 1980 Section 10 Township 225 Range 28E NMMM, EDDY County County III. DESIGNATION OF TRANSPORTER OF OL AND NATURAL GAS Name of Autorited Transport of Ol Kind of Lesse Address (Gire address to which approved copy of this form is to be sent) NONE Well producted Transport of Catingleted Gas Address (Gire address to which approved copy of this form is to be sent) NONE Well producted Transport of Catingleted Gas Address (Gire address to which approved copy of this form is to be sent) NONE Well producted Transport of Catingleted Gas Address (Gire address to which approved copy of this form is to be sent) NONE Well producted Transport of Catingleted Gas Address (Gire address to which approved copy of this form is to be sent) NONE		Casinghead Gas Condensate			
Lesse Name Well No. Pool Name, lockstag Formation Kind of Lesse Laste No. BASS 10 FEDERAL 5 INDIAN DRAW DELAWARE (EAST) Same Free LC069142A Location Uait Letter I .1980 Feet From The SOUTH Lise and .990 Feet From The EAST LC069142A Location Uait Letter I .1980 Feet From The SOUTH Lise and .990 Feet From The EAST Lise Soction 10 Township 22S Range 28E .NMPM. EDDY County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address to which approved copy of this form is to be send) County KOCH OIL COMPANY, A OIVTSION OF KOCH IND. NO NO HOCH IND. P.O. BOX 15580, BRECKENTIDE, TEXAS 76024 Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address for eddress to which approved copy of this form is to be send) If well production is commingled with the from any other lesse to pool, give commingling order sumber: NO If this pool formation IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gea Well New Well Workover </td <td>and address of previous operator</td> <td></td> <td></td> <td></td>	and address of previous operator				
BASS 10 FEDERAL Wein Not Not Auta, Betadag Formation Kind of Lease Losse No. Location 5 INDIAN DRAW DELAWARE (EAST) Subscheden Location Unit Letter 1 1980; Feet From The SOUTH Line and 990 Feet From The EAST Line Section 10 Township 22S Range 28E NMIPM, EDDY County HIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transport of Oil or Condensation or Condensation October of Oil County Name of Authorized Transport of Oil or Condensation or Condensation or Condensation Notes of Authorized Transport of Oil County None Autorized Transport of Coll carbon 0 or Condensation Notes of Authorized Transport of Coll carbon None None<					
Unit Letter 1 1980 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 10 Township 22S Range 28E NMPM EDDY County III. DESCIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Or Condessute Or Condessute Address (Give address to which approved copy of this form is to be sent) KOCH OIL COMPANY, A DUTTION OF KOCH INT. P.O. BOX 1553, BRECKENRIDGE, TEXAS 76024 Name of Authorized Transporter of Casinghead Gas or Or Dry Gas Address (Give address to which approved copy of this form is to be sent) NONE IV work over of this is the sent) Not Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Weil produce oil or liquida, jew to consord of anal. K 10 22S 28E NO If weil produce oil or liquida, jew to name of authorized transporter of Completion - (X) Diff Weil Gas Weil Workover Deepea Plag Back Same Res' Diff Res' Designate Type of Completion - (X) Diff Weil Gas Weil New Weil Workover Deepea Plag Back Same Res' Diff Res' Date Spadeid Dase Compl. Resits to Prod. Todal	BASS 10 FEDERAL	5 INDIAN DR	ng Formation Kind AW DELAWARE (EAST) State		
Section 10 Township 22S Range 28E NMPM EDDY County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be send) Address (Give address to which approved copy of this form is to be send) None Name of Authorized Transporter of Casingheed Cas or Casidenates Address (Give address to which approved copy of this form is to be send) None Weell productor of or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When 7 Veell productor of or induct. Unit Sec. Twp. Rge. Is gas actually connected? When 7 Veel productor of or induct. Unit Sec. Twp. Rge. Is gas actually connected? When 7 Veel conductor of or induct. Unit Sec. Twp. Rge. Is gas actually connected? When 7 Veel conductor of or induct. Unit Sec. Twp. Rge. Is gas actually connected? When 7 Veel conductor of completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Reat Y Diff Reat Y Date Somidded </td <td>т</td> <td>1980[.]</td> <td>SOUTH</td> <td>FΔST</td>	т	1980 [.]	SOUTH	FΔST	
Name	10			Seet From TheLine	
Plane of Auborized Transporter of Oil or Condensate Address (Dire address to which approved copy of this form is to be sent) Name of Auborized Transporter of Casinghead Gus or Div Gas Address (Dire address to which approved copy of this form is to be sent) Name of Auborized Transporter of Casinghead Gus or Div Gas Address (Dire address to which approved copy of this form is to be sent) Name of Auborized Transporter of Casinghead Gus or Div Gas Address (Dire address to which approved copy of this form is to be sent) Name of Auborized Transporter of Casinghead Gus or Div Gas Address (Dire address to which approved copy of this form is to be sent) If well production is commingled with the from any other lease or pool, give commingling order number: IV OM IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Wall Workover Deepea Plug Back Same Resiv Diff Resiv Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Total Depth P.B.T.D. Elevations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe Depth Casing Shoe V. TEST DATA AND REQUEST FOR ALLOWABLE Dif O Test Date of Test <t< td=""><td>Section 10 Township</td><td><u>, 225 Range 28E</u></td><td>, NMPM, EDDY</td><td>County</td></t<>	Section 10 Township	<u>, 225 Range 28E</u>	, NMPM, EDDY	County	
KOCH OIL COMPANY, A DIVISION OF KOCH INU, INC. P. 0. BOX 1553, BRECKENRIDGE, IEXAS 76024 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be send) If well produces oil or liquids, give constraining the address to which approved copy of this form is to be send) If well produces oil or liquids, give constraining the address to which approved copy of this form is to be send) If well produces oil or liquids, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, the form any other lease or pool, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, give comming the address to which approved copy of this form is to be send) If this production is comming to with the form any other lease or pool, give comming the address to which approved copy of this form is to be send) If well produces oil or liquids, give address to which approved copy of the send) Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepee Plug Back Same Reav Niff Resv Date Spudded Date Compl. Ready to Producin	III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS		
NONE Image: Construction of the second s	KOCH OIL COMPANY, A DI	IVISION OF KOCH IND. INC	P.O. BOX 1558, BRECK	ENRIDGE, TEXAS 76024	
If well produces oil or liquids, pive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 7 If this production is correningled with that from any other lesse or pool, give commungling order number: NO NO If this production is correningled with that from any other lesse or pool, give commungling order number: NO NO If this production is correningled with that from any other lesse or pool, give commungling order number: NO NO If this production is correningled with that from any other lesse or pool, give commungling order number: NO NO If this production is correningled with that from any other lesse or pool, give commungling order number: NO Dessent number: If this production is correningled with that from any other lesse or pool, give commungling order number: Dessent number: No Dessent Synded Date Completion - (X) Oil Well Cas Well New Well Workover Deepen Plug Back Same Rest V Diff Rest V Dete Synded Date Completion Formation Total Depth P.B.T.D. P.B.T.D. Plug Back Same Rest V Diff Rest V Defensions TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe Depth Casing Shoe No No No No		thead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)	
C K 10 225 28E NU It this production is commingled with that from any other lease or pool, give commingling order number: NU IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepea Plug Back Same ResV Diff ResV Date Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforstions TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe II - 9 - 3 HOLE SIZE CASING & TUBING SIZE DEPTH SET SAGKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE II - 9 - 9 O	If well produces oil or liquids,		Is gas actually connected? Whe	n ?	
IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepea Plug Back Same Reav Diff Resv Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevationa (DF, RKB, RT, GR, atc.) Name of Producing Formation Total Depth P.B.T.D. Perforations Tubing Depth Depth Casing Shoe Depth Casing Shoe HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE If 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 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Actual Prod. During Test Oil - Bbls. Oil - Bbls. Gas-MCF Casing Pressure	C			***	
Designate Type of Completion - (X) Total Depth Part Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE 11/-9-70 21/-9-70 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 Pressure Actual Prod. During Test Oil - Bbls. Casing Pressure GAS WELL Oil - Bbls. Water - Bbls. Gas - MCF	IV. COMPLETION DATA	Toni any other rease or poor, give containing	ing order humber:		
Elevations (DF, RKB, RT, GR, etc.) Nume of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Part ID - 3 1/-9-90 200 200 200 201 201 202 201 203 201 204 201 204 201 205 201 205 201 206 201 206 201 207 201 208 201 209 201 200 201 201 201 202 201 203 204 204 204 205 204 204 204 205 204 204 204 205 204 206 1 206 10		- (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v	
Performions Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Port ID -3 11-9-90 L 11-9-90 L Center 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 Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Port ID - 3 1/-9-70 1/-9-70 1/-9-70 V. TEST DATA AND REQUEST FOR ALLOWABLE 1000 oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) 1000 bits 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. Case-MCF	Elevations (DF, RKB, RT, GR, sic.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Port ID-3 11-9-90 11-9-90 11-9-90 V. TEST DATA AND REQUEST FOR ALLOWABLE Clil wells Clil well If end 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 - Bbis. Water - Bbis. Gas- MCF	Performions			Depth Casing Shoe	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Image: Product of the second secon					
Out of the second of the se	HOLE SIZE				
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 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF				Port ID-3	
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 Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas- MCF					
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, purp, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	V TECT DATA AND DEGLICO			eng bitter	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, purp, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Casing Pressure Casing Pressure Casing Pressure			be equal to or exceed top allowable for th	is depth on he for full 24 hours)	
Actual Prod. During Test Oil - Bbls. GAS WELL	Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pwnp, gas lift,	elc.)	
Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas- MCF GAS WELL	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
GAS WELL					
	The second se	Oil - Bbls.	Waler - Bbis.	Gas- MCF	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	GAS WELL			· · ·	
	Actual Prod. Test - MCT/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VL OPERATOR CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation II OIL CONSERVATION DIVISION	VI. OI LIATOR CERTIFICA	tions of the Oil Conservation	OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above NOV 7 1990	I hereby certify that the rules and regulat.	Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
Date Approved	Division have been complied with and th	hat the information given above nowledge and belief.			
Signature By ORIGINAL SIGNED BY	Division have been complied with and th is true and complete to the best of my kn	nowledge and belief.	Date Approved		
R.C. HOUTCHENS, SENIOR PRODUCTION CLERK II	Division have been complied with and th is true and complete to the best of my kn R.C. Anttch	nowledge and belief.	By ORIGINAL	SIGNED BY	
10-29-90 (915) 683-22/7	Division have been complied with and th is true and complete to the best of my kn <i>R.C. Moutch</i> Signature <u>R.C. HOUTCHENS, SENIO</u>	nowledge and belief. Lews LOR PRODUCTION CLERK	ByORIGINAL MIKE WILL	LAMS	
Date Telephone No. "	Division have been complied with and the is true and complete to the best of my kn R.C. Houtch Printed Name 10-29-90 (91)	nowledge and belief. LOR PRODUCTION CLERK Tille 15) 683-2277	ByORIGINAL MIKE WILL	SIGNED BY MAMS OR, DISTRICT I	

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.