

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

FEB 01 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA OFFICE

Operator Western Oil Producers, Inc. ✓	
Address P.O. Box 1498 Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner _____	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Bass	Well No. 2	Pool Name, Including Formation T.E. Carlsbad Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 1 Township 22 S. Range 27 E , NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Pinnacle Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 11248 Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 1	Twp. 22 S	Rge. 27 E	Is gas actually connected? Yes	When 1-28-88

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	Some Res'v.	Diff. H.
		X	X					
Date Spudded 9-28-87	Date Compl. Ready to Prod. 11-1-87		Total Depth 9950'		P.B.T.D. 9835			
Elevations (DF, RKB, RT, GR, etc.) 3088.6 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay		Tubing Depth 9600'			
Perforations 9742'-44'2"-3 holes 9766'-68'2" 3 holes 9780-85'10 holes 2802-98044' 9746'-49'-3 Holes 9770'-78' 8' 16 Holes 9794-9800 6' 12 Holes 4 Holes		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
1742	13 3/8		405'		400 sx			
12 1/4	8 5/8		2200'		750 sx lite sx cl "C"			
7 7/8	4 1/2		9950'		600 sx 50/50 poz			
	2 3/8		9600'					

## 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 available for this depth or be for full 24 hours)

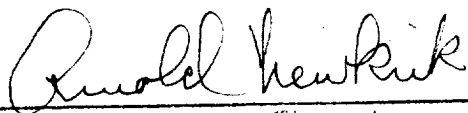
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 2.3	Length of Test 5 hrs.	Bbls. Condensate/MMCF 2.3 MEF	Gravity of Condensate 63.3
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1830	Casing Pressure (Shut-in) -0-	Choke Size 13/64

## VI. 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.



Vice-President

01-29-1988

## OIL CONSERVATION DIVISION

APPROVED MAR 2 1988, 19\_\_\_\_\_  
Original Signed By  
BY Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.