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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

RECEIVED

APR 22 1993

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.	Well API No. 30-015-27261
Address P O BOX 2760; MIDLAND, TX 79702-2760	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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 BIG EDDY UNIT	Well No. 117	Pool Name, including Formation EAST HERRADURA BEND Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-069159-A
Location Unit Letter M : 330' Feet From The SOUTH Line and 330' Feet From The WEST Line Section 25 Township 22S Range 28E, NMPM, EDDY County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY, A DIV OF KOCH IND, INC.	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558; BRECKENRIDGE, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 25	Twp. 22S	Rge. 28E	Is gas actually connected? NO	When? ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-4-93	Date Compl. Ready to Prod. 2-18-93	Total Depth 6484'	P.B.T.D. 6110'					
Elevations (DF, RKB, RT, GR, etc.) 3124.9' GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 6012'	Tubing Depth 6108'					
Perforations 6012'-6093'	Depth Casing Shoe 6484'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4"	450'	370SX CL "C"-CIRC					
11"	8 5/8"	2760'	975SX P.S. LITE-CIRC					
7 7/8"	5 1/2"	6484'	760SX CL "C"-TOC 2450'					

### 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 2-6-93	Date of Test 3-1-93	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1 3/4" X 20'-22'-24' RHBC	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size Part ID-2 5-21-93
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 368	Gas - MCF 4 camp + BK

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### 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 SR. PRODUCTION CLERK  
Printed Name  
APRIL 21, 1993 (915) 683-2277  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAY 14 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.