

CONFIDENTIAL

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Submit 3 Copies
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 Diaz Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator	
BASS ENTERPRISES PRODUCTION CO.	Well API No.
Address P O BOX 2760; MIDLAND, TX 79702-2760	30-015-27528
Reason(s) for Filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	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 BASS 3 FEDERAL	Well No. 2	Pool Name, Including Formation EAST INDIAN DRAW (DELAWARE)	Kind of Lease State, Federal or Fee	Lease No. LC-060853-A
Location				
Unit Letter J	1880	Feet From The SOUTH	Line and 2080	Feet From The EAST
Section 3	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 DIVISION OF KOCH INC, INC	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 1588; BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas	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 P	Sec. 3
	Twp. 22S	Rge. 28E
Is gas actually connected?		When?
NO		UNK

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 8-31-93	Date Compl. Ready to Prod. 10-7-93	Total Depth 3820'	P.B.T.D. 3733'					
Elevations (DF, RKB, RT, GR, etc.) 3147.6' GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 3622'	Tubing Depth 3716'					
Perforations 3622'-3686' (104 HOLES)			Depth Casing Shoe 3820'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4"	307'	285SX CL "C" CIRC					
11"	8 5/8"	2624'	670SX P.S. LITE CIRC					
7 7/8"	5 1/2"	3820'	340SX CL "C" TOC 2124'					

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 10-7-93	Date of Test 10-10-93	Producing Method (Flow, pump, gas lift, etc.) 2" X 1 1/2" X 16" RHBC	
Length of Test 24HRS	Tubing Pressure 35	Casing Pressure 35	Choke Size 1-7-93 comp & BR
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 0	Gas - MCF 7
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 SRNIOR PRODUCTION CLERK
Printed Name
10-12-93
Date
(915) 683-2277
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 22 1993

By ORIGINAL SIGNED BY
Title

- 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.