

CONFIDENTIAL

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

DEC 08 1993

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 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.		Well API No. 30-015-27704
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: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 JAMES RANCH UNIT	Well No. 30	Pool Name, Including Formation LOS MEDANOS (BONE SPRING)	Kind of Lease State, Federal or Fee	Lease No. NMNM-04473
Location Unit Letter J : 1980 Feet From The SOUTH Line and 2310' Feet From The EAST Line Section 6 Township 23S Range 31E, NMNM, 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 DIVISION 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK; ODESSA, TX 79761	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 6
	Twp. 12S	Rge. 31E
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected? NO When? ASAP

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 10-13-93	Date Compl. Ready to Prod. 11-25-93
Elevations (DF, RKB, RT, GR, etc.) 3312' GL	Name of Producing Formation BONE SPRING
Perforations 11,023'-11,043' (80 HOLES)	Total Depth 11,305' Top Oil/Gas Pay 11,023'
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE 14 3/4" 11" 7 7/8"	CASING & TUBING SIZE 11 3/4" 8 5/8" 5 1/2"
DEPTH SET 520' 3855' 11,305'	
SACKS CEMENT 390SX CL "C" - CIRC 1135SX CL "C" - CIRC 1840SX "C"-H-TOC 3600'	

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 11-25-93	Date of Test 11-27-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 100	Casing Pressure PACKER	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 0	Gas - MCF 13

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.

R.C. Houtchens

Signature
R.C. HOUTCHENS SR. PRODUCTION CLERK

Printed Name
12-7-93 (915) 683-2277

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1993

By
SUPERVISOR, DISTRICT II

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.