



STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

BRUCE KING
GOVERNOR

OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE



ANITA LOCKWOOD
CABINET SECRETARY

MATTHEW BACA
DEPUTY SECRETARY

June 16, 1994

Bass Enterprises Prod. Co.
P.O. Box 2760
Midland, TX 79702-2760

Re: **Well Placed In Pool**

Gentlemen:

As the result of Division Order R-10124 the following described well has been placed in the pool shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

**Los Medanos-Bone Spring Pool
James Ranch Unit No.30
Unit J, Section 6, Township 23 South, Range 31 East, NMPM
Pool Code:40295**

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order, effective June 1, 1994.

Sincerely,

Mark Ashley
District Geologist

cc: EOTT Energy Corp
GPM Gas Corp
Santa Fe
Mae
Well file
BLM

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

MAR 8 1994

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 type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input checked="" 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 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 , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil E.O.T.T. ENERGY CORP.	or Condensate EOTI Energy Operating LP Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TX 77210-4666				
Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION	or Dry Gas <input type="checkbox"/>	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 G	Soc. 6	Twp. 23S	Rge. 31E	Is gas actually connected? YES	When? 2-28-93

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	Same Res'v	Diff Res'v
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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Fast ID-3			
					4-8-94			
					chgt. WT. RAC			

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	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
R.C. HOUTCHENS SR. PRODUCTION CLERK
Printed Name
3-1-94
Date
(915) 683-2277
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 18 1994

By

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.