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,"" Phirict I PO Box 1980, 11 District II	obbe, NNE I	18241-1980	Ea	State State	of New M A Network Res	MCXICO Howrees Department	RECE			Furin C-104 February 10, 1994			
10 Drawer DB, Datifict III 1000 Rio Brazos	-		Ol	I	N DIVISIC 988 504-2088		Subml 2.'94		nstructions on back late District Office 5 Copies				
AMENDED REPORT													
Operator name and Addrese Bass Enterprises Production: Co P.O. Box 2760						ç		. 0018	^b OURID Number 001801 ^b Reason for Filing Code				
Midlan	79702-2	, 760		* Pool	EFF- CH			10-	10-1-94 * Pool Code				
	30-0 15-27537 Poker Lake - Delaware, Property Code						SW :rf y Name 061705-B)			96047 * Well Number 80			
Lange and the second		Location Township	Range	Loi.ida	Feel from the		ih Line	Feel from the	East/West In				
<u>м</u>	19 Botlom	24S	31E	•	660	South		660	West	Eddy			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from th		uth ilme	Feet from the	East/West En	e County			
" Lae Code F III. Oil a	Р	elng Method Coe		Connection Da	le ¹¹ C-129) Fermit Number	10	C-139 Elfective I)ate if	C-119 Expiration Date			
"Transpo OGNID	iter		Fransporter N and Addres			" FOD	<u>0/0</u>		⁴ POD ULSIR and Descil				
007440		E.O.T.T. B P.O. Box 4 Houston, 5	4666	_	18:00.00	5660 Maria (1999)	O		*******				
020809		Sid Richar 201 Main S Et. Worth	St. Ste	3000	2000	5662	G Il Sono						
IV. Prod	luced V	Vater		· · · · · · · · · · · · · · · · · · ·	Ч	YOD ULSIR Loca	llon and	Dreczijskon					
	Comp pud Dale	etion Data			······································								
			¹⁴ Ready D			TD		" FBID		³⁷ Perforations			
	³⁴ Hole B	110		Caslug & Tub	ing Size		Depth 8	d		Backs Cement			
						-	·			194			
VI. Wel	l Test	Data					· · · · · ·		Chm	g op			
	New Oli		ellvery Data		Fest Date			H Thg.		³⁴ Cog. Pressure			
		se rules of the Oil	" OU		Water	* G			OF	⁴ Test Method			
with and that knowledge as Signature:	the inform	ation given above	is true and co	Division have in the b	est of my	Aboroved Set		ONSERVA'		/ISION			
	Printed name: R.C. Houtchens							Title:					
Title: Ser Date: 10-		roduction			- 2277	Approval Date: OCT 2 0 1994							
		l operator fill in	the OGRID a		we of the previ								
Forte		COLUMN Dus Operator Sta L Company	nature	lane Fos # 008079		Sr. Produ Printed Name		Technicia	an Tide	10/06/94 Date			

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New Me	xico Oil Conservati C-104 Instruction	ion Division 10
IF THIS IS AN AMENDED REPORT, CHECK THE BOX LA "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT	ABLED 22	well completion location and a short description of the POD
Report all gae volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barret.	23.	(Example: "Battery A", "Jones CPD", etc.) The POD number of the advance (Line of the POD
A request for allowable for a newly drilled or despende well m accompanied by a tabulation of the deviation tests conduc accordance with Rule 111.	uet he	The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will seeign a number and write it here.
All sections of this form must be filled out for sllowable reque new and recompleted wells.		The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", "Jones CPD Water Tank", stored the text of tex of text of
Fill out only sections I, II, III, IV, and the operator certification changes of operator, property name, well number, transport	one for ter, or 25.	
other such changes,	26	
A separate C-104 must be filed for each pool in a m completion.	ultiple 27	
Improperly filled out or incomplete forme may be return operatore unapproved.	ned to 28	Plugback vertical depth
1. Operator's name and address	. 29	. Top and bottom perforsion in this completion or casing the and TD if openhole
 Operator's OGRID number. If you do not have one be assigned and filled in by the District office. 	it will 30	
3. Research for filing code from the following table: NW New Well	31	• Outelde diameter of the casing and tubing
NW New Well RC Recompletion CH Change of Operator AQ Add oll/condensate transporter	32	bottom.
CO Change oil/condensate transporter AQ Add gas transporter	33	and a second of second per carried and
CG Clienge gae transporter RT Request for test allowable (include y	volume	e following test data is for an oil well it must be from a test nducted only after the total volume of load oil is recovered.
requested} If for any other reason write that reason in this box	. 34	in the second of the second produced
4. The API number of this well	35.	and a pipeline
5. The name of the pool for this completion	30	in other that the following test was completed
6. The pool cade for this pool 7. The property gade for this completion	38	
 The property code for this completion The property name (well name) for this completion 		bnut-in tubing pressure - gas wells
9. The well number for this completion	39	 Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10. The surface location of this completion NOTE:	If the 40	. Diamater of the choke used in the test
United States government survey designates a Lot N for this location use that number in the 'UL or lot no Otherwise use the OCD unit letter.	. box.	
11. The bottom hole location of this completion	42 43	a state of frederices during the test
12. Lease code from the following table: F Federal	44	the state produced during the test
8 State P Fee		The method used to test the well:
J Jicarilla N Navajo U Ule Mountain Ute I Other Indian Tribe		F Flowing P Pumping 8 Swabbing If other method please write it in.
13. The producing method code from the following tables Flowing Provide Provid	le: 46	suthorized to make this report, the date this report was signed, and the telephone number to call for quasilone
14. MO/DA/YR that this completion was first connecte gas transporter	d to a 47	about this report The previous operator's name, the signature, printed name,
15. The permit number from the District approved C-1 this completion	29 for	and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was eigned by that person
18, MO/DA/YR of the C-129 approval for this completion	Dn	eduer på rust beleou
17. MO/DA/YR of the expiration of C-129 approval for completion	or the	
18. The gas or oil transporter's OGRID number		
19. Name and address of the transporter of the product	1	
20. The number assigned to the POD from which this p will be transported by this transporter. If this is a ne or recompletion and this POD has no number the office will assign a number and write it here.		
21. Product code from the following table:		
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