I. Operator BASS ENTERPRISES PRODUCTIO Address P.O.BOX 2760: MIDLAND, TX Reaton(s) for Filing (Check proper box) New Well Recompletion Oil Change in Operator give name and address of previous operator II. DESCRIPTION OF WELL AND LE Lease Name JAMES RANCH UNIT Location Unit Letter E : 144 Section 6 Township 23S III. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Oil K(ICH OIL COMPANY, A DIVTSION Name of Authorized Transporter of Casinghead Gas E1. PASO NATURAL GAS COMPANY If well production is commingled with that from any od IV. COMPLETION DATA Designate Type of Completion - (X) Data Spudded HOLE SIZE CA HOLE SIZE CA	JEST FOR ALLOWAN TO TRANSPORT OII N CO. 79702-276- Change in Transporter of: Dry Gas d Gas Condensate ASE Well No. Pool Name, Includ LOS MEDAN 0 Feet From The Range 31E R OF OIL AND NATU or Condensate OF KOCH IND, INC Sec. 1 Wp. 6 23S 31E	IOS ATOKA GAS DRTH Line and 860 , NMPM, EDDY IRAL GAS Address (Give address to whic) P 0 B0X 1558; BR Address (Give address to whic) P 0 B0X 1492; EL Is gas actually connected? YES	Weil XFI No. 30-015-24062 30-015-24062 ANSPORTER Kind of Lease State, Federal or Fee	NM-02887-D NM-02887-D IEST Line County n is to be sens) 76024 n is to be sens) 3-1492	
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HOLE SIZE CA	roducing Formation	Top Oil/One Pay	Tubing Depth	Tubing Depth	
HOLE SIZE CA V. TEST DATA AND REQUEST FOR A		·	Depth Casing 2	Shoe	
V. TEST DATA AND REQUEST FOR A		CEMENTING RECORD			
	SING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT	
			······································		
OIL WELL (Test must be after recovery of 1	stal volume of load oil and mus	t be equal to or exceed top allow	able for this depth or be for	full 24 hours.)	
	at.	Producing Method (Flow, pury	r, gas lýt, etc.)		
Length of Test Tubing Pr	SAIR	Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test Oil - Bbls.		Water - Bbls.	Gas- MCP		
GAS WELL		<u> </u>			
Actual Prod. Test - MCF/D Length of	Test	Bbls. Condensate/MMCF	Gravity of Cor	densate	
Testing Method (pilot, back pr.) Tubing Fr	eseure (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.		OIL CONSERVATION DIVISION Date ApprovedAN_2_8_1094			
Signature	UZ	By			
R.C. HOUTCHENS SR. PRODUC	LION CIERK		SUPERVISOR	л	
<u>1-13-94</u> (915) Date	683-22/7	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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.