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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>BASS ENTERPRISES PRODUCTION CO.</b>	
Address <b>Box 2760, MIDLAND, TX 79702</b>	
Reason(s) for filing (Check proper box)	
Oil Well <input checked="" type="checkbox"/>	Change in Transporter of:
Secondary Leasing <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE <b>N. Hume Morrow Gas</b>		R-6301 DEVIATION FORMS FILED WITH OIL COMPLETION FORM C-104.	
Well Name <b>BASS STATE</b>	Lease No. <b>LC 4534</b>	Well No. <b>1</b>	Pool Name, including Formation <b>WILDCAT MORROW</b>
Kind of Lease State, Federal or Fee			
That Letter <b>E</b> : <b>660</b> Feet From The <b>WEST</b> Line and <b>1980</b> Feet From The _____			
Line of Section <b>NORTH</b> Township <b>15S</b> Range <b>34E</b> , NMPM, <b>LEA</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>NONE</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>PIPPERARY CORPORATION</b>	<b>Box 3179, MIDLAND, TX 79702</b>	
Well produces oil or liquids, or location of tanks.	Unit <b>NONE</b>	Sec. <b>NONE</b>
	Typ. <b>NONE</b>	Fig. <b>NONE</b>
	Is gas actually connected?	When
	<b>NO</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>July 30, 1979</b>	Date Compl. Ready to Prod. <b>Nov. 30, 1979</b>	Total Depth <b>12,307'</b>		P.B.T.D. <b>12,250</b>				
Perforations (DF, RKB, RT, GR, etc.) <b>4049' GL 4069' KB</b>	Name of Producing Formation <b>MORROW</b>		Top Oil/Gas Pay <b>11,892'</b>		Tubing Depth			
Iterations <b>ONE (1) SHOT AT EACH DEPTH - 4" GUN, OMEGA SSB II CHARGES:</b> <b>12,045', 12,047', 12,049', 12,186', 12,188', 12,190' + 12,192'</b>					Depth Casing Shoe <b>12,316.05'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>11 3/4"</b>		<b>351.02'</b>		<b>350 C1 "C" + ADDITIVES</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>4649.64'</b>		<b>1000 LITE, 200 C1 "C"</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>12,316.05'</b>		<b>850 C1 "H" + ADDITIVES</b>			
<b>5 1/2" CASING</b>	<b>2 1/16"</b>		<b>11,950.00'</b>		<b>---</b>			

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 Tanks	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 <b>45</b>	Length of Test <b>4 HOURS</b>	Bbls. Condensate/MMCF <b>NONE</b>	Gravity of Condensate <b>---</b>
Testing Method (pitot, back pr.) <b>PACKER PRESSURE</b>	Tubing Pressure <b>1947 #</b>	Casing Pressure <b>PACKER</b>	Choke Size <b>VARIOUS</b>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

**H. P. Murty, Jr.**  
(Signature)  
**Senior Production Clerk**  
(Title)  
**April 1, 1980**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIV.

APR 2 '80

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