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FILE

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

I. Operator

BASS ENTERPRISES PRODUCTION CO.

Address

BOX 2760, MIDLAND, TX 79702-2760

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of: Oil / Dry Gas / Casinghead Gas X / Condensate

EFFECTIVE DEC. 1, 1981

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

MONTEITH 2135 9A

Well No.

1

Pool Name, Including Formation

NORTHEAST LOVINGTON PENN

Kind of Lease

State, Federal or Fee

Location

Unit Letter P 810 Feet From The SOUTH Line and 660 Feet From The EAST

Line of Section 13 Township 16S Range 36E NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate

TEXAS-NEW MEXICO PIPELINE CO.

Address (Give address to which approved copy of this form is to be sent)

BOX 2528, HOBBS, NM 88240

Name of Authorized Transporter of Casinghead Gas X / Dry Gas

SOUTHERN UNION GATHERING CO.

Address (Give address to which approved copy of this form is to be sent)

311 MOORE DRIVE, CARLSBAD, NM 88220

If well produces oil or liquids, give location of tanks.

Unit G Sec. 13 Twp. 16S Rge. 36E

Is gas actually connected? YES When 12-22-80

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 284

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.

W. D. Wurtz, Jr.
(Signature)

Senior Production Clerk
(Title)

December 31, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY Orig. Signed by Les Clements

TITLE Oil & Gas Insp.

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.