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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-11
Effective 1-1-65

Operator

BASS ENTERPRISES PRODUCTION CO.

Address

Box 2760, MIDLAND, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/81
UNLESS AN EXCEPTION TO R-407B
IS OBTAINED.**

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
<u>MONTEITH</u>	<u>2135 9A</u>	<u>1</u>	<u>NORTHEAST LOVINGTON PENN.</u>	State, Federal or <u>Fee</u>

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

Line of Section 13 Township 16-S Range 36-E , N.M.P.M., LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS-NEW MEXICO PIPE LINE CO.</u>	<u>Box 2528, HOBBS, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>G</u>	<u>13</u>	<u>16-S</u>	<u>36-E</u>		

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 type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>AUG. 2, 1980</u>	<u>OCT. 8, 1980</u>	<u>11,390'</u>	<u>11,327'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
<u>3850.7' GL 3868.7' KB</u>	<u>PENN.</u>	<u>11,165'</u>	<u>11,122'</u>					
Perforations			Depth Casing Shoe					
<u>11,181' - 11,266'</u>			<u>11,390'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15"</u>	<u>11 3/4"</u>	<u>352.07'</u>	<u>300 CI "C" - CIRC.</u>
<u>11"</u>	<u>8 5/8"</u>	<u>4925.00'</u>	<u>2201 SCS - 2 STAGE - CIRC.</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>11389.52'</u>	<u>840 CI "H"</u>
<u>5 1/2" CSG</u>	<u>2 3/8"</u>	<u>11122.01'</u>	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>OCT. 8, 1980</u>	<u>OCT. 21, 1980</u>	<u>FLOWING</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>8 HRS</u>	<u>1175#</u>	<u>PACKER</u>	<u>VARIOUS</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>200</u>	<u>NONE</u>	<u>440</u>

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

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. P. Marty, Jr.
(Signature)

SENIOR PRODUCTION CLERK
(Title)

NOVEMBER 7, 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 deviator 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.