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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 <b>BASS ENTERPRISES PRODUCTION Co.</b>	
Address <b>Box 2760, MIDLAND, TX 79702</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>CHANGE GATHERER OF OIL TO T-NMPLC.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>MONTEITH</b>	Lease No. <b>2135 9A</b>	Well No. <b>2</b>	Pool Name, including Formation <b>NORTHEAST LOVINGTON PENN.</b>	Kind of Lease State, Federal or <u>Fed</u>
Location				
Unit Letter <b>H</b>	<b>1980</b>	Feet From The <b>NORTH</b>	Line and <b>510</b>	Feet From The <b>EAST</b>
Line of Section <b>13</b>	Township <b>16 S</b>	Range <b>36 E</b>	, NMPM, <b>LEA</b> 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)		
<b>TEXAS-NEW MEXICO PIPELINE Co.</b>		<b>Box 2528, HOBBS, NM 88240</b>		
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)		
<b>GAS COMPANY OF NEW MEXICO</b>		<b>311 MOORE DRIVE, CARLSBAD, NM 88220</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>6</b>	Sec. <b>13</b>	Twp. <b>16 S</b>	Rge. <b>36 E</b>
			Is gas actually connected? <b>YES</b>	When <b>DECEMBER 24, 1980</b>

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

COMPLETION DATA				
Designate Type of Completion - (X)				
<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen
<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.		
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

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>MAR 3 1981</b> , 19____	
		BY <b>Jerry Sexton</b> Orig. Signed by Dist 1, Supv.	
<b>H. J. Marty, Jr.</b> (Signature) <b>Senior Production Clerk</b> (Title) <b>February 25, 1981</b> (Date)		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.	

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OF CONSERVATION DIV.

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FEB 25 1981

O. C. D.  
ARTESIA, OFFICE