

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL AND NATURAL GAS
REQUEST FOR ALLOWABLE
AND
ACTIVATION TO TRANSPORT OIL AND NATURAL GAS

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

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

I **BASS ENTERPRISES PRODUCTION Co.**
Address **Box 2760, MIDLAND, TX 79702-2760**
Reason(s) for filing (check proper box) **CHANGE SPELLING OF LEASE NAME.**
New Well ☐ Change in Lease Interest ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Change in Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner _____

II **DESCRIPTION OF WELL AND LEASE**
Lease Name **MONTEITH B** Lease No. **2135 9A** Pool Name, including location **1 NORTH EAST LOVINGTON PENN** Kind of Lease **State, Federal or Fee**
Location **Unit Letter J 1980 Feet From The EAST Line and 2130 Feet From The SOUTH**
Line of Section **13** Township **16 S** Range **36 E** N.M.P.M. **LEA** County _____

III **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ 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 Gas (other than Oil or Dry Gas) _____ Address (give address to which approved copy of this form is to be sent) _____
If well produces oil or gas, give location of tanks. Oil **G** Gas **13 16 S 36 E** Is it a primary source (a)? _____ When _____

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) ☒ New Well ☐ Re-work ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res
Date Spudded _____ Date Completed Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (B.F., R.M., R.T., etc.) _____ Depth of Test _____ Top of Casing _____ 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 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 prod.) _____ 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.
H. D. Mastz, Jr. (Signature)
Senior Production Clerk (Title)
November 3, 1981 (Date)
OIL CONSERVATION COMMISSION
NOV 5 1981
APPROVED _____, 19____
BY **Les Clements** (Signature)
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.
Separate Forms C-104 must be filed for each pool in multiple.