| Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. Coperator BASS ENTERPRISES PRODUCTION CO. | | | | | | | | | See Instructions at Bottom of Page | | | |
|--|--|---|---------|------------------------|---|---------------------------|------------|---------------------|--|-----------------------------|----------------|--|
| Address P.O. BOX 2760, MIDLAND, TEXAS 79702-2760 Reason(s) for Filing (Check proper box) X New Well Change in Transporter of: ADD GAS TRANSPORTER Recompletion Oil Change in Operator Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | | |
| Lease Name Reeves 21 State | 1 State Well No. Pool Nam 1 Re | | | Name, Includ Reeves | ling Formation Queen | <u> </u> | | | of Lease Lease No. Federal or Fee E-5014 | | | |
| Location P Unit Letter P Section 21 Township | | | Rang | | , N | e and _ MPM, | 660 Lea | Fe | et From The | Fast | Line County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Image: Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| Permian Name of Authorized Transporter of Casing Warren Petroleum Comp | ghead Gas A or Dry Gas | | | | P.O. Box 1183, Housto Address (Give address to which approved P.O. Box 1589, Tulsa, | | | | on, Texas 77251-1183 copy of this form is to be sent) | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. Twp. Rge. is gas actually connected? When 21 18 35 Yes | | | | | | | | | | |
| If this production is commingled with that is IV. COMPLETION DATA | from any ot | her lease or p | pool, g | ive comming | ling order num | ber: | | I | | | · | |
| Designate Type of Completion | | Oil Well X | i | Gas Well | New Well | ₩ori | over | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded 5-22-89 | Date Compl. Ready to Prod. | | | | Total Depth | | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | | | | | | 4,565' Top Oil/Gas Pay | | | | 4,515' Tubing Depth | | |
| 3907.3 : GR Perforations | | | | | | 4,460' | | | | 4,346' Depth Casing Shoe | | |
| 4460' - 4475' | | | | | | | | | | 4,565' | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | | | | | | | | |
| 14 3/4" | 11 3/4" | | | | DEPTH SET 1,761' | | | | SACKS CEMENT 750 lite 200 CL "C" | | | |
| 11" | 8 5/8" | | | 3,052' | | | | 200 sx & 400 sx "C" | | | | |
| 7 7/8" | 5 1/2" | | | | 4.565' | | | | |)0 sx "C" | | |
| | 5 1/2" 2 3/8" 4,346' Packer | | | | | | | | | | | |
| OIL WELL (Test must be after re | covery of to | otal volume c | | | be equal to or | exceed | top alla | wable for this | depth or be f | or full 24 hour | ·s.) | |
| Date First New Oil Run To Tank 6-8-89 | Date of Test 6-26-89 | | | | Producing Method (Flow, pump; gas lift, etc.) Flowing | | | | | | | |
| Length of Test | Tubing Pressure | | | | ¥ | | | | Choke Size | | | |
| 24 | 225 | | | | -0- | | | | 14/64 | | | |
| Actual Prod. During Test | Oil - Bbls. 103 | | | | Water - Bbls. 1 | | | | Gas- MCF 70 | | | |
| GAS WELL | | | | | | | | | A | | J | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | | Gravity of C | ondensate | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | | Choke Size | Choke Size | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <u><i>K.C.</i></u> <u><i>Signature</i></u> R.C. Houtchens, Senior Production Clerk | | | | | OIL CONSERVATION DIVISION JUL 2 4 1989 Date Approved By | | | | | | | |
| Printed Name Title $7 - 20 - 89$ (915) 688 - 3300 | | | | | Title | | | DISTR | ICT I SUPE | KV(SOK | | |
| Date | | | nhone l | No. | | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.