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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bass Enterprises Production Co.		Well API No. 30-025-27803
Address P.O. Box 2760 Midland, Texas 79702-2760		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Casinghead Gas MUST NOT BE FLARED AFTER <u>1-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE ~~FOOT~~

DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE
NOTIFY THIS OFFICE.

Lease Name Bass 32 State	Well No. 1	Pool Name, Including Formation Apache Ridge Bone Spring	Kind of Lease <u>State</u> Federal or Fee	Lease No. LG-607
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>19S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company, A Division of Koch Ind. Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge Tx. 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 32	Twp. 19S	Rge. 34E	Is gas actually connected? No	When? ASAP

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded N/A	Date Compl. Ready to Prod. 11-1-91		Total Depth 13,660'		P.B.T.D. 9864			
Elevations (DF, RKB, RT, GR, etc.) 3658.2' GL 3676' KB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9480'		Tubing Depth 6042'			
Perforations 9480' - 9544'					Depth Casing Shoe 13,660'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		500'		400 SX Class "C"			
11"	8 5/8"		4598'		350 Lite & CI "C"			
7 7/8"	5 1/2"		13,660'		350 SX Class "H"			

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 Tank 10-29-91	Date of Test 11-6-91	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1 1/2" X 24' RHBC - HVR Pump	
Length of Test 24 Hrs.	Tubing Pressure -----	Casing Pressure 30	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 105	Gas - MCF 20

GAS WELL

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

Signature R.C. Houtchens
Printed Name R.C. Houtchens Sr. Prod. Clerk
Title
11-7-91 (915) 683-2277
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.
- 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.

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