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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

CONFIDENTIAL
Form 1-89
2-1-89
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.		Well API No. 30-025-31832
Address P O BOX 2760; MIDLAND, TX 79702-2760		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-9-93
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LITTLE EDDY UNIT	Well No. 1	Pool Name, Including Formation HAT MESA (DELAWARE)	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E-9062
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>20S</u> Range <u>33E</u> , <u>NMPM</u> , <u>LEA</u> 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"/> KOTH 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, BRECHENRIDGE, TX 76024					
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)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 20S	Rga. 33E	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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-25-92	Date Compl. Ready to Prod. 3-9-93		Total Depth 9482'		P.B.T.D. 9341'			
Elevations (DF, RKB, RT, GR, etc.) 3634' GL	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 7082'		Tubing Depth 8268'			
Perforations 7085'-8252' (156 HOLES)					Depth Casing Shoe 9482'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		1313'		805SX CLASS "C"			
11"	8 5/8"		3177'		1000sx P.S.L. & "C"			
5 1/2"	2 7/8"		8268'		SN (T.O.C. 6020')			

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 3-9-93	Date of Test 3-16-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING - 2 1/2" X 1 3/4" X 24" RHBC	
Length of Test 24	Tubing Pressure 45	Casing Pressure 45	Choke Size ----
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 159	Gas - MCF 60

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
R.C. HOUTCHENS SENIOR PRODUCTION CLERK
Printed Name _____ Title _____
3-22-93 (915) 683-2277
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAR 24 1993

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.

