

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION**

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Bass Enterprises Production Co		Well API No. 30-025-26427
Address P.O. Box 2760, Midland, Texas 79702-2760		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Hat Mesa	Well No. 1	Pool Name, Including Formation Hat Mesa (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM-10470
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>21S</u> Range <u>32E</u> , <u>NMPM</u> Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Koch Oil Co., 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 checked="" type="checkbox"/> Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283, Houston, TX 77001-0283					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 21S	Rge. 32E	Is gas actually connected? Yes	When? July 11, 1980

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	Gas Well X	New Well	Workover X	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 1-24-94	Date Compl. Ready to Prod. 2-3-94		Total Depth 14,307'		P.B.T.D. 14,100'			
Elevations (DF, RKB, RT, GR, etc.) 3746' GR, 3764' KB	Name of Producing Formation Lower Morrow		Top Oil/Gas Pay 14,165'		Tubing Depth 14,100'			
Perforations 14,165' - 14,225'					Depth Casing Shoe 14,307'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	418'	320 SX Class "C"
11"	8 5/8"	5,209'	1600 SX "Lite"
7 7/8"	5 1/2"	14,307'	1200 SX "C" & "H"
5 1/2" csg	2 3/8"	14,100'	PACKER

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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	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 6374	Length of Test 24 hrs	Bbls. Condensate/MMCF 66	Gravity of Condensate 53.8
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4700#	Casing Pressure (Shut-in) Packer	Choke Size 36/64

**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. Production Clk.  
Date 2-23-94 Title (915) 683-2277  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved FEB 25 1994  
By JERRY SEXTON  
Title DISTRICT I SUPERVISOR

**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.

FOR RECORD ONLY