Submit 3 Copies Appropriate District Office <u>DISTRICT J</u> P.O. Box 1980, Hobbs, NM 88240	State o Energy, Minerals and I	f New Mexico Natural Resources Department		Form C-104 Revised 1-1-89 See Instructions
DISTRICT II F.O. Drawer DD, Anteaia, NM 88210		VATION DIVISION		at Bottom of Pag
DISTRICT III	Santa Fe, New	Mexico 87504-2088		
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLOW	ABLE AND AUTHORIZAT	ION	
Operator		OIL AND NATURAL GAS	Well API No.	
BASS ENTERPRISES PRO			30-025-26958	3
P O BOX 2760; MIDLAN		· · ·		
Reason(s) for Filing (Check proper box) New Well		Other (Please explain)		
Recompletion	Change in Transporter of: Oil Dry Gas	CHANGE OPERATOR EF	FECTIVE 9-3-9	12
Change in Operator X	Casinghead Gas Condensate		•	-
change of operator give name ad address of previous operator ENR	ON OIL & GAS COMPANY; P	O BOX 2267: MIDLAND.	TX 79702	
L DESCRIPTION OF WELL				
case Name	Well No. Pool Name, Incl	luding Formation	Kind of Lease	Lease No.
SIMS	I BELL LAK	E, SOUTH MORROW	State, Federal or Fee	Lasseriu
Unit LetterH		NORTH		
1.0	The row in the	and a second	Feet From The	ASTL
Section 13 Townsh	nip 24S Range 33E	, NMPM, LEA		County
I. DESIGNATION OF TRAI	NSPORTER OF OIL AND NAT	URAL GAS		
where or reaction to the porter of OI	OF Condensate	Address (Give address to which opp	proved copy of this form	is to be sent)
arme of Authorized Transporter of Casis	nghead Gas or Dry Gas X	<u>P 0 BOX 1188; HOUST</u>	ON. TX 77251-	1188
<u>TRANSWESTERN</u> PIPE LIN	VE CO.	Address (Give address to which app P 0 BOX 2521; HOUS	proved copy of this form.	is to be sent)
well produces oil or liquids, ve location of tanks.	Unit Sec. Twp. Rg		When ?	-2521
	I from any other lease or pool, give commis	VEC	12-15-81	
COMPLETION DATA	from any other rease or pool, give commin	ngling order number: <u>NONE</u>		
Designate Type of Completion	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Sam	Destu byorn
ate Spudded	Date Compl. Ready to Prod.		pen ring back San	ne Res'v Diff Res'
		Total Depth	P.B.T.D.	
evalions (I)F DVD DT con		Top Oll/Gas Pay		
(L. , KAD, KI, GK, CC.)	Name of Producing Formation		Tubing Depth	
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	Name of Producing Formation		Tubing Depth Depth Casing Sh	06
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		D CEMENTING RECORD DEPTH SET	Depth Casing Sh	oo
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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 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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