

OIL CONSERVATION DIVISION

P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator PERRY R. BASS

Address P.O. BOX 2760, MIDLAND, TX, 79702-2760

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|--------------------------|----------------------------|-------------------------------------|------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter oil: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> | NOTE: TO CHANGE OIL - |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | TRANSPORTER ONLY. |
| | | Dry Gas | <input type="checkbox"/> | EFFECTIVE 8-1-84. |
| | | Condensate | <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------|----------|----------------------------------|-----------------------------|------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| STATE OF NEW MEXICO | 2 | E.K. YATES SEVEN RIVERS Q. | State, Federal or Fee STATE | E-5014 |
| Location | | | | |
| Unit Letter | N | 1980 Feet From The WEST Line and | 660 Feet From The SOUTH | |
| Line of Section | 8 | T. and R. 18S | Range 34E, 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| THE PERMIAN CORPORATION Permian (EH 9/1/87) | Box 1183, Houston, TX 77001 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| PHILLIPS PETROLEUM CO. | PHILLIPS BLDG., BARTLESVILLE, OKLA. 74003 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| N 8 18S 34E | YES FEB. 1958 |

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

V. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

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 Tanks | 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (psia, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. 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.

R.C. Hutchens
(Signature)
Production Clerk
(Title)
July 5, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL - 9 1984, 19

BY ORIGINAL SIGNED BY JERRY SLATON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.