

COPIES RECEIVED		5
DISTRIBUTION		
SAFE		/
LE		/
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOBBS OFFICE AND C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 26 1 25 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAY 29 1967

Operator Perry R. Bass (Cities Service Oil Company - Agent)		J.S.G.S. ARTESIA OFFICE	
Address P. O. Box 69 - Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy Unit	Well No. 17	Pool Name, Including Formation Lower Permian - Morrow	Kind of Lease State, Federal or Fee State	Lease No. 8-11555
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 2 Township 21S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Americana Bldg. - Houston, Texas 77002	
If well produces oil or liquids, give location of tanks.	Unit B Sec. 2 Twp. 21S Rge. 29E	Is gas actually connected? No When 6-17-67

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 type="checkbox"/>	Gas Well <input checked="" 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 11-22-66	Date Compl. Ready to Prod. 2-24-67		Total Depth 12913		P.B.T.D. 12870			
Elevations (DF, RKB, RT, GR, etc.) 3387 df	Name of Producing Formation Morrow		Top Oil/Gas Pay 12280 (-8892)		Tubing Depth 12550			
Perforations 12-1/2" holes 12,800-794; 8-1/2" holes 12,791-787; 16-1/2" holes 12,777-769; 12-1/2" holes 12,756-750; 14-1/2" holes 12,711-704; 10-1/2" 12701-696					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20		595		995 400			
17 1/2"	13 3/8		1580		1800			
12 1/2"	9 5/8		4000		1885 840			
8 3/4"	5 1/2		12913		1500			

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 9 MMCF	Length of Test 4 Hrs.	Bbls. Condensate/MMCF 20	Gravity of Condensate 55.3
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 3900	Casing Pressure (Shut-in) Pkr.	Choke Size 20/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. Y. Wilder
E. Y. Wilder
(Signature)

District Superintendent

(Title)

May 24, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY *W. A. Grossett*

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 Forms C-104 must be filed for each pool in multiply completed wells.