

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

DEC 3 1965

I. Operator **Perry R. Bass**

Address **Box 1178, Menahans, Texas 79756**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	* First outlet available for the gas produced by this well.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **None**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sun-Tex Federal</b>	Lease No. <b>02447</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Lusk (Stram)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>N</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>27</b>	Township <b>19S</b>	Range <b>31E</b>	, NMPM, <b>Eddy</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Permian Corp.</b>	<b>C-110 for oil approved October 14, 1965. Box 3119, Midland, Tex.</b>					
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)					
<b>Phillips Petroleum Company</b>	<b>Rm B-2, Phillips Building 4th &amp; Washington, Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>27</b>	Twp. <b>19S</b>	Rge. <b>31E</b>	Is gas actually connected? <b>Yes</b>	When <b>December 1, 1965</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
<b>X</b>								
Date Spudded <b>8-31-65</b>	Date Compl. Ready to Prod. <b>10-11-65</b>	Total Depth <b>11,446</b>	P.B.T.D. <b>11,383</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3466' GL</b>	Name of Producing Formation <b>Stram</b>	Top Oil/Gas Pay <b>11,350</b>	Tubing Depth <b>11,360.96</b>					
Perforations <b>11,350 - 11,360 w/2 jet shots/ft.</b>		Depth Casing Shoe <b>11,438.22</b>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>20"</b>	<b>16"</b>		<b>804.07</b>		<b>950</b>			
<b>13 3/4"</b>	<b>11 3/4"</b>		<b>2571.73</b>		<b>1200</b>			
<b>10 5/8"</b>	<b>8 5/8"</b>		<b>3990.00</b>		<b>300</b>			
<b>7 7/8"</b>	<b>5"</b>		<b>11438.22</b>		<b>450</b>			

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 <b>C-110 for oil approved October 14, 1965.</b>	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
<b>** 5 1/2" casing</b>	<b>2 3/8"</b>	<b>11360.96</b>	<b>None</b>
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

**H. D. Murty Jr.**  
(Signature)

**Division Production Clerk**  
(Title)

**December 1, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 3 1965**, 19\_\_\_\_  
BY **M. L. Armstrong**  
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.