

AS APPLIED DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
USUB.	
LAND OFFICE	
TRANSPORTER	☒ OIL ☒ GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. BASS ENTERPRISES PRODUCTION CO.
Address P.O. Box 2760, MIDLAND, TX 79702-2760
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) FROM TRUCK LACT TO TANK GAUGES.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MERCHANT STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>PAWILLO BONE SPRING</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>L-4397-3</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>6600</u> Feet From The <u>EAST</u> Line of Section <u>1</u> Township <u>19S</u> Range <u>28E</u> NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>PHILLIPS PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENAROOK ST., ODESSA, TX 79760</u>	
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>1</u> Twp. <u>19S</u> Rge. <u>28E</u>	Is gas actually connected? <u>YES</u>	When <u>MAY 16, 1980</u>

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	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, CR, 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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. Houtchens
(Signature)
S.R. PRODUCTION CLERK
(Title)
12-18-1985
(Date)

OIL CONSERVATION DIVISION
DEC 30 1985
APPROVED _____, 19____
BY Les A. Clements
TITLE Supervisor District II

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.