

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
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-11
Effective 1-1-85

RECEIVED

OCT 27 1980

O. C. 2

ADDITIONAL COPIES

Operator
Address Bass Enterprises Production Co.
Box 2760, Midland, Texas 79702

Reason(s) for filing (check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
<u>Palmillo State</u>		<u>1</u>	<u>N. Turkey Track (Morrow)</u>	State, Federal or Free <u>State</u>

Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 1 Township 19S Range 28E , NMPL Eddy County

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)
<u>The Permian Corporation</u>	<u>Box 1183, Houston Texas 77001</u>
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)
<u>Natural Gas Pipeline Co. of America</u>	<u>Box 236, Midland Texas 79702</u>

If well produces oil or liquids, give location of tanks. Unit H Sec. 1 Twp. 19S Rge. 28E Is gas actually separated? Yes When Oct. 27, 1980

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Side Heave <input type="checkbox"/>	Drift Bush <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.D.D.				
<u>Mar. 25, 1980</u>	<u>June 3, 1980</u>	<u>11,250'</u>	<u>11,192'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth				
<u>3385 GL 3404' KB</u>	<u>Morrow</u>	<u>10,879</u>	<u>10,800'</u>				
Perforations <u>ONE JSPP @ each depth</u>			Depth Casing Shoe				
<u>10879', 10885', 10888', 10885', 10987', 10990', 11036', 11039', 11042'</u>			<u>11250</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15"</u>	<u>11 3/4"</u>	<u>410'</u>	<u>400 Sx C/C circ</u>
<u>11"</u>	<u>8 5/8"</u>	<u>3248'</u>	<u>1600 Sx circ</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>11,250'</u>	<u>1100 Sx circ</u>
<u>5 1/2" csg</u>	<u>2 3/8"</u>	<u>10,800'</u>	<u>-</u>

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/MCF	Gravity of Condensate
<u>AOF 11,696, 450MCF</u>	<u>8 hrs</u>	<u>0</u>	<u>-</u>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>back pressure</u>	<u>2840</u>	<u>packer</u>	<u>VARIOUS</u>

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. P. Marty, Jr.
(Signature)
Senior Production Clerk
(Title)
October 24, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 05 1980, 19____
BY W. A. Gressett
SUPERVISOR, DISTRICT II
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