

JAN 20 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
STATE	
ILS	
U.S. D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

BASS ENTERPRISES PRODUCTION CO.

Address
Box 2760, MIDLAND, TX 79702-2760

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	ADD GATHERER OF LOW PRESSURE GAS.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	(PP).
	Dry 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 PALMILLO STATE COM	Well No. 1	Pool Name, Including Formation NORTH TURKEY TRACK MORROW	Kind of Lease State, Federal or Fee STATE	Lease No. B-11339-10
Location				
Unit Letter J	Feet From The 1980	Line and SOUTH	Feet From The 1980	County EDDY
Line of Section 1	T. and Ship 19S	Range 28E	NMPM, EDDY	

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)
THE PERMIAN CORPORATION	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.	ARTESIAVILLE, OK 74004
NATURAL GAS PIPE LINE CO. OF AMERICA	Box 236, MIDLAND, TX 79702
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
H 1 19S 28E	YES OCT. 30, 1980

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, RAB, 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

H. D. Nasty, Jr.

(Signature)

Tr. Prod. Clerk

(Title)

January 19, 1983

(Date)

OIL CONSERVATION DIVISION

JAN 21 1983

APPROVED _____, 19

BY **Larry 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 Forms C-104 must be filed for each pool in multiple completed wells.