Address Box 69.					
y R.	Bass	(0			
ICE					
OPERATOR					
GAS	1/				
OIL	//				
LAND OFFICE					
FILE					
ANTA FE					
DISTRIBUTION					
D. OF COPIES RECEIVED					
	OIL GAS	OIL / GAS /			

	DISTRIBUTION ANTA FE	HE	MEXICO OIL	CONSERVATION FOR ALLOW			ld C-104 and C-110		
	FILE /-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND		Effective 1-1-	65		
	U.S.G.S.	AUTHORIZ	ATION TO TR	ANSPORT OIL	_ AND NATURAL.	GAS			
-	LAND OFFICE					· .			
	TRANSPORTER OIL								
-	OPERATOR /					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e c		
	PRORATION OFFICE	-							
1.	Operator Perry R. Bass	/cities servi	ce all comp	any a Acan	+)				
	Address	(616163 36141	CO (11 CC)	with Man		,			
	- -	s, New Mexico	88240		(2)				
	Reason(s) for filing (Check proper bo	Ox) Change in Tra		1	er (Please explain)	now casinghead	G25		
	New Well Recompletion	Oil	Dry G		_	_	3		
	Change in Ownership	Casinghead G	<u></u>	ensate	stead of dry	385.			
L									
	f change of ownership give name and address of previous owner								
11.]	DESCRIPTION OF WELL AND Lease Name	Well No. Poc	l Name, Including	Formation	Kind of Lec	ıse	Lease No.		
	Big Eddy Unit	1	Big Eddy St		State, Fede	ral or Fee State	B-11555		
	Location						a		
	Unit Letter B ;	Feet From Th	neNorth_L	ine and1980	Feet From	n The Est	·		
	-	216		29E	. NMPM. Ed	dse	Camatu		
Ĺ	Line of Section 7	Yownship 215	Range	£7E	, NMPM, EO	<u> </u>	County		
111	DESIGNATION OF TRANSPO	RTER OF OIL AN	D NATURAL G	AS					
[Name of Authorized Transporter of C	or Conde	nsate 🗌	Address (Give		roved copy of this form is	to be sent)		
1	The Permian Corporati			P. O. Bo	x 3119 - Midi	and, Texas 797	01		
Ī	'Name of Authorized Transporter of C		or Dry Gas			roved copy of this form is			
	Delhi Gas Pipeline Co	Unit . Sec.	Twp. Rgs.		y connected?	Vhen	002		
	If well produces oil or liquids, give location of tanks.	B ! 2	215 29E	Ye	-	Feb. 8, 1968			
Į.	If this production is commingled t								
	COMPLETION DATA						1 10/4 0-4		
	Designate Type of Complete	tion (X)	ell Gas Well	New Well	Workover Deepen	Plug Back Same R	es'v. Diff. Res'v.		
			X	Total Depth	X	P.B.T.D.	X		
	Date XVVVIII Respudded	Date Compl. Read	=	Total Depth	12913	129	:23		
	1-29-68 Elevations (DF, RKB, RT, GR, etc.			Top Cil/Gas		Tubing Depth	<i></i>		
	3387 DF	Strav			11307	112	55		
	Perforations					Depth Casing Shoe			
	Perf. 4 holes @ 11307 TUBING, CASING, AND CEMENTING RECORD								
			ING, CASING, A TUBING SIZE		DEPTH SET	SACKS C	EMENT		
	HOLE SIZE		O'		595	995 70	, , , , , , , , , , , , , , , , , , , 		
	171/2		al complet	on) 13 18"	1580	180			
	12/4	ε _i ^γ .:	1/8		4000	1885 84			
	8 3:4	5%		<u> </u>	129/3	150			
V.	TEST DATA AND REQUEST	FOR ALLOWABL	E (Test must be	after recovery of depth or be for fu	f total volume of load o	il and must be equal to o	or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	aute for this	Producing Me	othod (Flow, pump, gas	lift, etc.)			
	Date First New Oil Hun 10 Tanks	2-10-6	8		Flowing				
	Length of Test	Tubing Pressure		Casing Press		Choke Size			
	24 hrs.	1600#			Packer	14/64	•		
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	424		y) :-		
		86			350	658	n'x		
	GAS WELL	ter julia	7 1	•			112,		
	Actual Prod. Test-MCF/D	Length of Test	_ 	Bbls. Conder	nsate/MMCF	Gravity of Condense	xte		

	Testing Method (pitot, back pr.)	Tubing Pressure	shut-in)	Casing Press	sure (Shut-in)	Choke Size			
					011 001:055	VATION COMMISS	ION .		
VI.	CERTIFICATE OF COMPLIA	ANCE			OIL CONSER	VATION COMMISS	ON		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROV	ED	<u></u>	_, 19			
	Commission bose complied	d with and that the	information 21V6	n l	410 hr.	1107			
	above is true and complete to	the best of my kno	wledge and belie	I. BY	/ 1. 1. 1. X 1 4.	- NA			
				TITLE _					
	FIGURY SECTI	ED		This	form is to be filed i	in compliance with RU	LE 1104.		
	A Paragraph	N		- li	If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the dev				
		ignature)		well, this	form must be account on the well in ac	panied by a tabulation cordance with RULE	111.		
	District Clerk			All s	ections of this form	must be filled out con	pietely for allow		
	February 12, 19	(Title) 68		able on n	ew and recompleted	wells. , II. III, and VI for c			
	revisery 14, 17	(Date)		Fill well name	out only Sections I or number, or transp	porter, or other auch ch	suge of condition		
	(Date)				well hame of manner, or the must be filed for each pool in multiply				

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