	NO. OF COPIES RECEIVED	1	•		
	DISTRIBUTION			Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			AS	
			ECEIVED		
1.	OPERATOR PRORATION OFFICE	AUG 2 5 1971			
	Perry R. Bass				
	Address	m		ARTESIA, OFFICE	
	Box 1178 Monahans, Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Designate Charge In Transporter of:		4	
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas X Conden			
		Casinghead Gas X Conden			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE     Outure 4194 jour -71       Lease Name     Well No. Pool Name, Including Formation     Kind of Lease     Lease No.				
	Big Eddy Unit	33 South Hackberr		or Fee Federal NM-04557	
	Location				
	Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 4 Township 20-S Range 31-E , NMPM, Eddy County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS           Name of Authorized Transporter of Oil go or Condensate         Address (Give address to which approved copy of this form)				ed copy of this form is to be sent)	
	The Permian Corporat	ion	P.O. 1183 Houston, Te	exas 77001	
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)	
	Phillips Petroleum C	Ompany Unit Sec. Twp. Rgs.	Phillips Building Od Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.	P 4 20-S 31-E		August 16, 1971	
	If this production is commingled wit	h that from any other lease or pool,			
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepe				Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	n = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equa				and must be equal to or exceed top allow-	
	OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		· · · · · · · · · · · · · · · · · · ·			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 3 0 1971		
	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.		APPROVED		
			BY_ W. a. Gresset		
			TITLE OIL AND GAS INSPLCTOR		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 allow- able 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.		