

RECEIVED OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 19 '89

O. C. D.
ARTESIA, OIL AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REQUEST FOR ALLOWABLE
AND

Santa Fe	
Transporter	Oil
Operator	Gas

I. OPERATOR

Operator: Bass Enterprises Production Company ✓

Address: P.O. Box 2760, Midland, Texas 79702

Reason(s) for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of operator effective June 1, 1989.
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: Union Pacific Resources Company, P.O. Box 7, Fort Worth, Texas 76101

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy	Well No. 33	Pool Name, Including Formation South Hackberry Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-04557
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Location: Unit Letter P; 660' Feet From The South Line and 660' Feet From The East

Line of Section 4 Township 20S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg., Bartlesville, Okla. 74004
If well produces oil or liquids, give location of tanks. Unit: <u>P</u> Sec.: <u>4</u> Twp.: <u>20S</u> Rge.: <u>31E</u>	Is gas actually connected? <u>Yes</u> When: <u>8-16-71</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, 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 - 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.

John R. Smith
(Signature)
Division Production and Drilling Superintendent
(Title)
6/16/89
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 21 1989, 19____
BY ORIGINAL SIGNED BY
MIKE WILLIAMS
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 multiply completed wells.