

GIVE BETTY & FRAN A COPY OF  
THIS -

HOWEVER WE CANNOT GIVE CHAMPAIN  
AN ALLOWABLE UNLESS THEY FILE A  
C-104 DESIGNATING THEMSELVES AS  
OPERATORS -

LES

BREAK DOWN OF ALLOW.

BS - 57% of OIL 0% GAS - 6.11-<sup>6</sup>  
STONON 43% of OIL 100% GAS - 4.73-5

RECEIVED OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

JUN 19 89

O. C. D.  
ARTESIA, N.M.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe	
File	
Transporter	Oil <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/>
Operator	

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

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

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
Location Unit Letter <u>P</u> : 660' Feet From The <u>South</u> Line and 660' Feet From The <u>East</u> Line of Section <u>4</u> Township <u>20S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91	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:

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, CR, 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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Smithman  
(Signature)  
Division Production and Drilling Superintendent  
(Title)  
6/16/89  
(Date)

OIL CONSERVATION DIVISION  
JUN 21 1989

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_  
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 to indicate