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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

SEP 24 1976

Operator <b>PERRY R. BASS</b>		O.C.C.
Address <b>Box 2760, MIDLAND, TX 79701</b>		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<b>FORM SUBMITTED TO SHOW ACTUAL MOVER OF COMPENSATE.</b> <b>h. miller mil</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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 <b>BIG EDDY UNIT</b>	Lease No. <b>E-5230</b>	Well No. <b>44</b>	Pool Name, Including Formation <b>WILDCAT Morrow</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter: <b>H</b> ; <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line of Section <b>16</b> Township <b>21-S</b> Range <b>30-E</b> , NMPM, <b>EDDY</b> County				

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)
<b>MILLER OIL PURCHASING Co.</b>	<b>Box 1308, JACKSON, MISS. 39205</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>NATURAL GAS PIPELINE Co. OF AMERICA</b>	<b>Box 236, MIDLAND, TX. 79701</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>H 16 21-S 30-E</b>	<b>YES AUG. 11, 1976</b>

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 <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded <b>6-10-75</b>	Date Compl. Ready to Prod. <b>8-29-75</b>	Total Depth <b>13,544'</b>	P.B.T.D. <b>13,130'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3306.4' GL. 3324' KB</b>	Name of Producing Formation <b>MORROW</b>	Top Oil/Gas Pay <b>13,073'</b>	Tubing Depth <b>12,498.34'</b>
Perforations <b>13,073'-13,082' - ONE (1) SHOT/FT (10 HOLES)</b>		Depth Casing Shoe <b>13,529'</b>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	448.00'	675 SCKS + 54 yds REDI-MIX
12 1/4"	9 5/8"	3,560.00'	2700 SCKS - CIR OUT 450 SCKS
8 1/2"	5 1/2"	13,529.00'	1900 SCKS
5 1/2" CSG	2 7/8"	12,498.34'	SWUNG

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

POSTED  
SEP-3-76  
10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

**H. J. Murphy, Jr.**  
(Signature)  
**SENIOR PRODUCTION CLERK**  
(Title)  
**SEPT. 23, 1976**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 27 1976**  
BY **W. A. Gressett**  
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.