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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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APR 16 1976

I. Operator: PERRY R. BASS D.C.C. ARTESIA, OFFICE

Address: Box 2760, MIDLAND, TX 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		CASINGHEAD GAS MUST NOT BE FLAMED AFTER <u>8-10-76</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: NONE

II. DESCRIPTION OF WELL AND LEASE R-5772 7-1-76

Lease Name	Lease No.	Well No.	Pool Name, including information	Kind of Lease
<u>BIG EDDY UNIT LC 067144</u>	<u>47</u>	<u>HC</u>	<u>Indian Hills Sublease</u>	State, Federal or Fee

Location: Unit Letter F; 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 35 Township 21S Range 28E, 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>THE PERMIAN CORPORATION</u>	<u>Box 1183, Houston, TX 77001</u>
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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	<u>F</u>	<u>35</u>	<u>21S</u>	<u>28E</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 Resrv.	Diff. Resrv.
	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>MARCH 8, 1976</u>	<u>APRIL 10, 1976</u>	<u>3791'</u>	<u>3751'</u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	<u>DELAWARE</u>	<u>3548'</u>	<u>3608.55</u>

Perforations	Depth Casing Shoe
<u>3548-57' w/2 Jumbo jet shots/ft.</u>	<u>5 1/2" set @ 3794'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24" K-55</u>	<u>305.03'</u>	<u>200 SKS - CIRC.</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50" K-55</u>	<u>3794.00</u>	<u>616 SKS</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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.)
<u>APRIL 10, 1976</u>	<u>APRIL 15, 1976</u>	<u>PUMP</u>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hours</u>	<u>—</u>	<u>—</u>	<u>—</u>

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>61</u>	<u>35</u>	<u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pilot, 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.

N. J. Murty, Jr.
(Signature)
DIVISION PRODUCTION CLERK
(Title)
APRIL 15, 1976
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 19 1976
BY N. A. Gussert
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.

Operator: Perry R. Bass
Lease Name: Big Eddy Unit

Address: P. O. Box 2760
Midland, Texas 79701
Well No.: 47

RECORD OF INCLINATION

<u>Depth (feet)</u>	<u>Angle of Inclination (degrees)</u>
307	$\frac{1}{2}$
513	$\frac{3}{4}$
990	$\frac{3}{4}$
1200	$\frac{3}{4}$
1301	$3\frac{1}{4}$
1581	4
1643	$3\frac{3}{4}$
1664	$3\frac{1}{2}$
1726	3
1851	$2\frac{1}{2}$
1976	2
2108	2
2223	$2\frac{1}{2}$
2355	3
2459	$2\frac{1}{2}$
2574	2
2856	2
3054	$1\frac{3}{4}$
3540	$1\frac{3}{4}$
3645	1
3791 TD.	

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APR 16 1976

O. C. C.
ARTESIA, OFFICE

H. F. Wurtz, Jr.
H. F. Wurtz, Jr.

Division Production Clerk

STATE OF TEXAS)
COUNTY OF MIDLAND)

Before me, the undersigned authority, on this day, personally appeared
H. F. Wurtz, Jr., known to me to be the person whose name is subscribed
hereto, on oath states that the above is true and correct to the best of his knowledge
and belief.

Sworn and subscribed to before me, this the 26th day of March 1976.

SEAL

B. R. Scown
Notary Public, Midland County, Texas
B. R. Scown
My Commission Expires 6-1-77