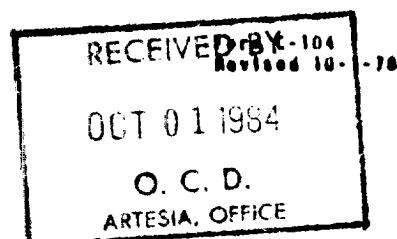


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	☒
ALBUQUERQUE	☒
EL PASO	☒
U.S.G.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATION	☒
PERMITS OFFICE	☒
OPERATOR	

Perry R. Bass ✓

Address
P.O. Box 2760, Midland, TX 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Change well name from Big Eddy Unit No. 47 to Indian Flats Bass Federal No. 2 Effective October 1, 1984	

If change of ownership give name and address of previous owner

BE

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Indian Flats Bass Federal	2	Indian Flats (Delaware)	State, Federal or Fee Federal	LC067144				
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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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.	Rge.	Is gas actually connected?	When
	J	35	21S	28E	No	

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 hole	1st hole
Date Spudded	Date Compl. Ready to Prod.		Total Depth		H.D. F.D.			
Elevations (DI, RKB, NT, 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

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 oil able 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

Post FD-3
10-5-84
Chg. well name

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 D. Rodgers
Senior Production Engineer

September 26, 1984

OIL CONSERVATION DIVISION

APPROVED _____ Original Signed By
Leslie A. Clements
BY _____ Supervisor District II

TITLE _____

This form is to be filed in compliance with rules 100-100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name of pool, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.