Г	RECEIVED 3%		•		
STATE OF NEW MEXICO	JUL 18 1986				
ENERGY AND MINERALS DEPARTMENT	O. C. D.			Form C-104 Revised 10:01-78	
DISTAIDUTION	OIL CONSERVA	TION DIVISIO	DN	Formal 06-01-83 Page 1	
TILE	Р. О. 80 Santa FC, New				
U.8.0.4.	SANIA PE, NEW	MEXICO UIDOI			
TRANSPORTER OIL V	REQUEST FOR	ALLOWABLE			
PRIMATION V	AN AUTHORIZATION TO TRANSP	ND PORT OIL AND NATU	JRAL GAS		
Ι				<u></u>	
Bass Enterprises Produc	tion Co.				
Address					
P O Box 2760, Midland, Reason(s) for filing (Check proper box)	lexas /9/02-2/60	Other (Pleas	e explain)		
New Well	Change in Transporter of:	, c Change (Operator name and	NGPLCA address	
Change in Ownership		ondensale			
Operator If change of KNOCKNAK give name Pr	rry R. Bass, <u>P O Box 2</u>	760 Midland .	Texas 79702-2760		
and address of previous owner	rry R. Dass, r 0 box 2	1700; Hidrand;			
II. DESCRIPTION OF WELL AND L	ASE Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.	
Big Eddy Unit	65 Carlsbad Straw		State, Federal or Fee	Fee Unk	
Location	10 - Host th	660		th	
Unit Letter [: 198	OFeel From The West Line			County	
Line of Section 31 Townshi	p 21S Pange 28	<u>3E , NMPI</u>	v. Eddy	County	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	to which approved copy of	this form is to be sent)	
Nome of Authorized Transporter of Cit	or Condensate MA	D 0 Poy 1193	Houston Texas 7	7001-1183	
Name of Authorized Transporter of Casingh	ead Gas or Dry Gas X	Address (Give address	to which approved copy of		
Natural Gas Pipeline Co		P O BOX 283.	Houston, Texas 77	001-0238	
If well produces all or liquids, alve location of tanks.	C 31 215 28E	Yes		0, 1981	
If this production is commingled with th	at from any other lesse or pool,	give commingling ord	tr numberi	<u>Post FD-3</u> 8-8-86	
NOTE: Complete Parts IV and V or	reverse side if necessary.			Chy op name	
VI. CERTIFICATE OF COMPLIANCE	3		CONSERVATION DIV AUG - 7 1986	ISION '	
the state of the state and regulations of	f the Oil Conservation Division have	APPROVED	Original Signed By	, 19	
been complied with and that the information gives a workedge and belief.	ien is true and complete to the best of v	BYLes A. Ciements			
my knowledge and benefit		TITLE	SUPERIASUR? DISTRI	et u	
	141		o be filed in compliance	WITH RULE 1104.	
R. C. Houtchens R.C.	If this is a request for allowable for a newly drilled or deepened multiple form must be accompanied by a tabulation of the deviation				
Senior Production Clerk		tests taken on the	well in accordance with	h RULE 111. d out completely for allow-	
(Title)		able on new and r	completed wells.		
July 17, 1986		Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
,- ····		Separate Form completed wells.	is C-104 must be filed	for each pool in multiply	

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	011 Well	Gas Well I I	New Well	Workover F	i Despen i	' Ping Back I I	' Same Res'v, i t	' DHI. Res' '
Bale Spudded	Date Compl. Ready to Prod.		Total Dupth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oll/Gas Pay			Tubing Dopih			
Perforations					Depth Casing Shoe				
		TUBING,	CASING, AN	D CEMENTI	HG RECOR	D		·····	
HOLESIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	1								
A THET IN AT A AND BUCKBERT		WARE (Tast must be a	liet tecovery	of rotal walu	ne of load off	and must be as	wal to of exce	ed ton allo

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be alier recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Oil Hun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Actual Prod. During Test Oil-Bble.

GAS WELL

Actual Proa, Teete KICF/D	Length of Test	Bbls, Contensole/MMCF	Gravity of Condensate
Teeling Method (pilol, back pr.)	Tubing Pressure (shut-in)	Casing Pressue (Shut-18)	Choke bize