STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY
OCT 12 1984
O. C. D.
ARTESIA, OFFICE

DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL ✓	
	GAS	
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
PERRY R. BASS ✓

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

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
ADD PERFS. & STIMULATE BOTH OLD & NEW PERFS.
~~CASINGHEAD GAS MUST NOT BE~~ FLARED AFTER 11-15-84 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner —

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
INDIAN FLATS BASS FEDERAL	5	INDIAN FLATS DELAWARE	State, Federal or Fee FEDERAL	LC067144

Location
Unit Letter N : 2310 Feet From The WEST Line and 330 Feet From The SOUTH
Line of Section 35 T wnship 21S Range 28E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
THE PERMIAN CORPORATION
Address (Give address to which approved copy of this form is to be sent)
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 Res'v.	Diff. Res'v.
	X			X			X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-28-84	7-13-84	3800'	3748'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	DELAWARE	3532'	SN 3706'

Perforations: INDIAN FLATS 3532'-3542' 49 ER 3676'-3688' — Depth Casing Shoe: —

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
SAME AS ORIGINAL COMPLETION			

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-16-84	8-7-84	PUMP 2"x1½"x12' RWTC	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	50 #	20 #	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	42	132	12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

R. C. Hoot Lewis
(Signature)
SR. PRODUCTION CLERK
(Title)
OCTOBER 11, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 1984, 19

BY Original Signed By
Leslie A. Clements

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.