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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-11
Effective 1-1-65

Operator <u>PERRY R. BASS</u>		Address <u>Box 2760, MIDLAND, TX 79702</u>	
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 TRANSPORTED <u>4-7-81</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED EX # 2-497 until 4-10-82	
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 _____			

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>BIG EDDY UNIT</u>	Lease No. <u>LC-067144</u>	Well No. <u>81</u>	Pool Name, Including Formation <u>INDIAN FLATS (DELAWARE)</u>
Kind of Lease State, Federal or Fee			
Location			
Unit Letter <u>0</u>	<u>2312</u> Feet From The <u>EAST</u> Line and <u>330</u> Feet From The <u>SOUTH</u>		
Line of Section <u>35</u>	Township <u>21-S</u>	Range <u>28-E</u>	County <u>EDDY</u>

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 <u>F</u>	Sec. <u>35</u>	Twp. <u>21-S</u>
		Range <u>28-E</u>	Is gas actually connected? <u>No</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded <u>NOV. 9, 1980</u>	Date Compl. Ready to Prod. <u>JAN. 23, 1981</u>		Total Depth <u>3800'</u>		P.B.T.D. <u>3625'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3169.9' GL</u>	Name of Producing Formation <u>DELAWARE</u>		Top Oil/Gas Pay <u>3533</u>		Tubing Depth <u>3585</u>				
Perforations <u>3533' - 3547 EIGHT HOLES</u>					Depth Casing Shoe <u>3800</u>				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>404'</u>	<u>350 SKS LITE</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3800'</u>	<u>350 SKS POZ "A"</u>
<u>5 1/2" CSG</u>	<u>2 3/8"</u>	<u>3585'</u>	<u>SWUNG</u>

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 <u>FEB. 7, 1981</u>	Date of Test <u>FEB. 12, 1981</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HOURS</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>30</u>	Choke Size <u>1 1/2"</u>
Actual Prod. During Test <u>—</u>	Oil - Bbls. <u>74</u>	Water - Bbls. <u>44</u>	Gas - MCF <u>14</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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		FEB 27 1981	
Signature <u>H. J. Murty, Jr.</u>		APPROVED	
(Title) <u>Senior Production Clerk</u>		BY <u>W. A. Gressett</u>	
(Date) <u>February 24, 1981</u>		TITLE <u>DEPARTMENT CHIEF</u>	
		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.	

WELL NAME & NUMBER Big Eddy Unit #81

RECEIVED

LOCATION 2310' FEL & 330' FSL, Sec. 35, T-21-S, R-28-E
(Give Unit, Section, Township and Range)

FEB 18 1981

OPERATOR Bass Enterprises, P.O. Box 2760, Midland, Texas 79702

O. C. D.
ARTERIAL OFFICE

DRILLING CONTRACTOR Kenai Drilling of Texas, Inc., P.O. Box 6725, Odessa, Texas 79762

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
0 202	3 1/2 2002	_____	_____
3/4 404	4 2157	_____	_____
1/2 518	4 2219	_____	_____
1 1/4 650	3 1/2 2370	_____	_____
3/4 810	1 1/2 2434	_____	_____
1 1000	2 1/2 2564	_____	_____
2 1200	2 2650	_____	_____
3 1280	2 1/4 2805	_____	_____
2 1340	2 3029	_____	_____
2 3/4 1464	2 3242	_____	_____
4 1603	1 3/4 3436	_____	_____
3 1680	2 3631	_____	_____
3 1814	2 3/4 3800	_____	_____

Drilling Contractor Kenai Drilling of Texas, Inc.

By Robert A. Smith

Robert A. Smith, Drilling Engineer

Subscribed and sworn to before me this 11th day of December, 1980

Barbara J. LaGrone
Notary Public Barbara J. LaGrone

My Commission Expires 8-22-81

Ector County Texas