

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 00-01-03
Page 1

DE OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
W.E.B.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
FORMATION OFFICE	☒

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Bass Enterprises Production Co.
Address
P O Box 2760, Midland, Texas 79702-2760
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Change Operator name and NGPLCA address

Operator
If change of ~~operator~~ give name and address of previous owner Perry R. Bass, P O Box 2760, Midland, Texas 79702-2760

II. DESCRIPTION OF WELL AND LEASE
Lease Name Big Eddy Unit Well No. 72 Pool Name, including Formation Sand Point Atoka Gas Kind of Lease State, Federal or Free Federal Lease No. LC067145
Location
Unit Letter R ; 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 3 Township 21S Range 28E, NMPM, Eddy County

III. 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, Texas 77001-1183
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Natural Gas Pipeline Co. of America Address (Give address to which approved copy of this form is to be sent) P O Box 283, Houston, Texas 77001-0238
If well produces oil or liquids, give location of tanks. Unit R Sec. 3 Twp. 21S Rge. 28E Is gas actually connected? Yes When May 29, 1980 Post ID-3

If this production is commingled with that from any other lease or pool, give commingling order number: 8-8-86

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R. C. Houtchens *R.C. Houtchens*
(Signature)
Senior Production Clerk
(Title)
July 21, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 8 1986
Original Signed By
BY Les A. Clement
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.H.T.D.			
Elevations (DF, KKB, RT, CR, 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			

V. 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)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke size