YECEWED BY JUL 21 1985 C. C. D ARTESIA, OFFICE

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Ţ			
BANTA FE	7					
FILE	1	1				
U.8.0.4,						
LAND OFFICE						
TAAHSPORTER	OIL					
	GAS	Z				
UPERATOR	Z					
PROMATION OF						

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE

	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Operator								
Bass Enterprises Production Co.								
Address								
P O Box 2760, Midland, Texas 79702-2760	Other (Please explain)							
Reston(s) for filing (Check proper box)  Change in Transporter of:	Olifet (1 lenge exhibiting)							
	Change Operator name and NGPLCA address							
I The termination is the party of the party	Condensate							
Operator								
If change of KNOWX WINK give name Perry R. Bass. P. O. Box	2760, Midland, Texas 79702-2760							
and address of previous owner								
II. DESCRIPTION OF WELL AND LEASE								
Lesse Name   Well No. Pool Name, Including f	Formation Kind of Lease Lease No.  Manual Control of Federal   1 (0.69219)							
Big Eddy Unit 76   Indian Flats	Morrow Gas State, Federal or Fee Federal LC069219							
Location	First							
Unit Letter G : 1980 Feet From The North Li	ne and 1980 Feet From The East							
	E14							
Line of Section 23 Township 21S Range	28E , NMPM, Eddy County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA  Name of Authorized Transporter of Cit or Condensate   The Permian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas   Natural Gas Pipeline Co. of America  If well produces oil or liquids, Unit Sec. Twp. Rqs.  If this production is comminged with that from any other lease or pool,  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE	P O Box 1183, Houston, Texas 77001-1183  Address (Give address to which approved copy of this form is to be sent)  P O Box 283, Houston, Texas 77001-0238  Is gas actually connected?  Yes  March 3, 1980							
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.	Original Signed By  Les A. Clements  TITLE Supervisor District II.							
R. C. Houtchens K.C. Wartchens (Signalure)	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense, well, this form must be accompanied by a tabulation of the deviation.							
Senior Production Clerk (Tule)	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-							
July 18, 1986	Fill out only Sections I, II, III, and VI for changes of owner.							
(Date)	well mame or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply.							
	I completed wells.							

A. COMPULITION DATA				<del></del>		7.5	101 00	I Cara Dagge	TDULL Backs	
Designate Type of Completi-	on – (X)	OII Well	Gas Well	New Well	Workover	Despen	 	Same Resiv.	i	
Dute Spudded	Date Campl, Heady to Prod.			Total Dopth			P.B.T.D.			
Clevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
perforations.			<u> </u>				Depth Cast	ng Shoe		
	<del></del>	TUBING, O	CASING, AN	D CEMENTI	HG HI CORE	)				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							1			
. TEST DATA AND REQUEST	FOR ALL	OWABLE (7	"sas muss be a ble for shis d					qual to or exe	ed top allow	
OH, WELL Date First New Oil Hun To Tanks	Date of Te	al		Producing Method (Flow, pump, gas lift, stc.)						
ength of Test	Tubing Pre	e e ur e	<del></del>	Cosing Pre	••ur•		Choke Size		•	
ictual Prod. During Test	Ott-Bula.			Water - Libie.			Gas-MCF			
	<u></u>							· · · · · · · · · · · · · · · · · · ·		
AS WELL				I Date Court	ensote/MMCF		Gravity of	Condensate		
Actual Plac. Tool-NCF/D	Langth of	j •6t		Dale. Colu	ellenta\ wwict					
feeting Method (pilot, back pr.)	Tubing Pre	eawe (spit-	12)	Castry Pre	eeme ( #pag-	im)	Choke bise			