

Since orig C-104 had not
been approved prior to me,
this we put Cond. Transporter
or Comp. C-104

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U.S.G.S.	
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
Effective 1-1-65

RECEIVED

SEP 21 1981

O. C. D.
ARTESIA, OFFICE

I

Operator	<u>PERRY R. BASS</u>		
Address	<u>Box 2760, MIDLAND, TX 79702-2760</u>		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
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"/>	<u>ADD GATHERER OF CONDENSATE.</u>
If change of ownership give name and address of previous owner _____			

II DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Block Name, including Formation	Kind of Lease
<u>BIG EDDY UNIT</u>	<u>NM-02946</u>	<u>85</u>	<u>GOLDEN LANE MORROW</u>	State, <u>Federal</u> or Fee
Location				
Unit Letter <u>Q</u>	<u>1980</u> Feet From The <u>WEST</u> Line and <u>660</u> Feet From The <u>SOUTH</u>			
Line of Section <u>8</u>	Township <u>21S</u>	Range <u>29E</u>	N.M.P.M. <u>EDDY</u>	County

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NATURAL GAS PIPE LINE Co. OF AMERICA</u>	<u>Box 236, MIDLAND, TX 79702</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually commingled? When
<u>0</u> <u>8</u> <u>21S</u> <u>29E</u>	<u>No</u>

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

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.B.T.D.			
Elevation (H.F., R.R.B., RT, GR, 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 OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all tests taken on the well in accordance with RULE 111.)

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	Casing Pressure	Choke Size

VI CERTIFICATE OF COMPLIANCE

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.

H. D. Murty, Jr.
(Signature)
As. Prod. Clerk
(Title)
Sept. 18, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY _____
TITLE _____

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 allow able 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 multiple completed wells.