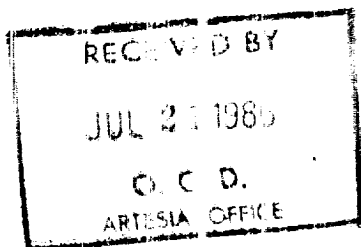


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| OPERATOR | GAS |
| PRODUCTION OFFICE | |



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
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
☐ Recompletion
☐ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ 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. 95 | Pool Name, including Formation Indian Flats Atoka West Gas | Kind of Lease State, Federal or Fee Federal | Lease No. NM 01148 |
| Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>21S</u> Range <u>28E</u> NMPM, <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"/> 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 Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 <u>B</u> Sec. <u>33</u> Twp. <u>21S</u> Rge. <u>28E</u> | Is gas actually connected? <u>Yes</u> When <u>June 6, 1983</u> <u>Post 10-3</u> |

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 18, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 8 1986, 19
BY Original Signed By
Les 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.

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, RKB, 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 (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 (prior, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke size |