

OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501 MAR 02 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator Perry R. Bass

Address P. O. Box 2760, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas Condensate Casinghead Gas

Recompletion Other (Please explain) Recompleted from Indian Flats, Southwest to Strawn.

Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Big Eddy Unit</u>	Well No. <u>68</u>	Pool Name, Including Formation <u>Strawn</u>	Kind of Lease State, Federal or Fee <u>FED.</u>	Lease No. <u>LC 069142-</u>
Location				
Unit Letter <u>K</u>	: 1980	Feet From The <u>South</u>	Line and <u>1780</u>	Feet From The <u>West</u>
Line of Section <u>10</u>	T. <u>22-S</u>	Range <u>28-E</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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>The Permian Corporation</u>	<u>P. O. Box 1183, Houston, Texas 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 Pipeline Co. of America</u>	<u>P. O. Box 236, Midland, Texas 79702</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>10</u>	Tw. <u>22S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>Yes</u>		When <u>Dec. 5, 1979</u>	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>		<u>X</u>				<u>X</u>		
Date Spudded <u>12-29-78</u>	Date Compl. Ready to Prod. <u>2-23-79</u>		Total Depth <u>12,686'</u>		P.B.T.D. <u>11,920'</u>			
Elevations (DF, RNB, RT, CR, etc.) <u>GL 3112' KB 3130'</u>	Name of Producing Formation <u>2-17-83 (STRAWN)</u>		Top Oil/Gas Pay <u>10,845'</u>		Tubing Depth <u>10,800'</u>			
Perforations <u>10,845' - 10,850'</u>			Depth Casing Shoe <u>12,673'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	420'	290 sx CLASS "C" Cement
11"	8 5/8"	2,670'	1950 sx Two Stages
7 7/8"	5 1/2"	12,673'	2000 sx in Two Stages
5 1/2" CSG.	2 3/8"	10,800'	Packer

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 allowable for this depth or be for full 24 hours)

Date that New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bble.	Gas-MCF
Actual Prod. During Test	Oil-Bble.		

GAS WELL

Actual Prod. Test-MCF/D <u>34 CAOF 350</u>	Length of Test <u>8 Hrs.</u>	Bble. Condensate/MMCF <u>None</u>	Gravity of Condensate <u>-----</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (ES&T-1b) <u>2260</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>Vars.</u>

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

Perry R. Bass
(Signature)
Sr. Production Clerk
(Title)
March 1, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 18 1983, 19____

Original Signed By
Leslie A. Clements
Supervisor District II

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 deviate 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 Form C-104 must be filed for each pool in multiple-completed wells.