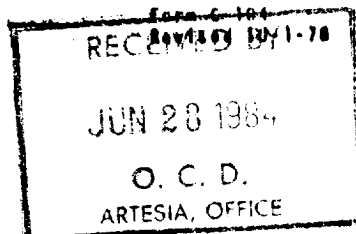


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	☒
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OIL	☒
GAS	☒
OPERATION	☒
PERMITS OFFICE	
Operator	

Perry R. Bass

Address

P.O. Box 2760, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change well name from Big Eddy Unit
No. 68 to Bass 10 Federal No. 2If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE 4-2993 3/4/84

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.				
Bass 10 Federal	2	E. INDIAN DEW Eddy Undesignated (Delaware)	State, Federal or Fee Federal	LC 069142-A				
Location	Unit Letter	1980	Feet From The	South	Line and	1780	Feet From The	West
Line of Section	10	Township	22S	Range	28E	EMPH.	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183 - Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	10	22S	28E		

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 Well	1st. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., R.A.S., R.T., C.R., 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 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.)	Post ID-3
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 7-6-84
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

John D. Rodgers
Senior Production Engineer

June 27, 1984

OIL CONSERVATION DIVISION
JUL 0 3 1984

APPROVED

Original Signed By
Leslie A. Clements
Supervisor District N

TITLE

This form is to be filed in compliance with rules 100-100-100.

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 all wells on new and recompleted wells.

Fill out only sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-105 must be filed for each pool in multi-completed wells.