

OIL CONSERVATION DIVISION

RECEIVED

Form C-104
Revised 10-1-78

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

FEB 3 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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

I. OPERATOR
Operator PERRY R. BASS
Address Box 2760, MIDLAND, TX 79702-2760
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter oil: ☐ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) CHANGE OF LEASE OPERATOR AND GATHERER OF CONDENSATE.
EFFDATE: FEBRUARY 1, 1983
If change of ownership give name and address of previous owner BELCO PETROLEUM CORP., 10,000 OLD KATY RD., SUITE 100
HOUSTON, TX 77055

II. DESCRIPTION OF WELL AND LEASE
Lease Name JAMES RANCH UNIT Well No. 10 Pool Name, including Formation LOS MEDONAS ATOKA Kind of Lease State, Federal or Fee Lease No. 0-7884-B
Location
Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST
Line of Section 1 Township 23 S Range 30 E , NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
THE PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
NATURAL GAS PIPELINE CO. OF AMERICA Address (Give address to which approved copy of this form is to be sent) Box 283, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit H Sec. 1 Twp. 23 S Rge. 30 E Is gas actually connected? YES When APRIL 18, 1980

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.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 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.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bble. _____ Water-Bble. _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bble. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, 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.
H. J. Marty, Jr.
Senior Production Clerk
February 1, 1983
OIL CONSERVATION DIVISION
APPROVED FEB 04 1983
BY Leslie 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 conditions.
Separate Form C-104 must be filed for each pool in multiple completed wells.

DEC 23 1981

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	5
DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	
Operator	

BELCO PETROLEUM CORPORATION

Address
10,000 OLD KATY ROAD, SUITE 100 HOUSTON, TEXAS 77055

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

NAME CHANGE OF CONDENSATE TRANSPORTER

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

3. DESCRIPTION OF WELL AND LEASE

Lease Name JAMES RANCH UNIT	Well No. 10	Pool Name, Including Formation LOS MEDANOS (ATOKA)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 02884-B
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>1</u> Township <u>23-S</u> Range <u>30-E</u> , NMPM, <u>EDDY</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> INDEPENDENT PRODUCERS MARKETING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1968, CASPER WYOMING 82602
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NATURAL GAS PIPELINE OF AMERICA	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 283 HOUSTON, TEXAS 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>H</u> <u>1</u> <u>23-S</u> <u>30-E</u> YES APRIL 18, 1980

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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

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.)	
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 (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OIL CONSERVATION DIVISION

DEC 30 1981

APPROVED _____, 19

BY Mike Watkins
TITLE OIL AND GAS INSPECTOR

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Separate Forms C-104 must be filed for each pool in multiple completed wells.

Jo Ann Randall
(Signature)

PRODUCTION ACCOUNTANT

(Title)

DECEMBER 21, 1981

(Date)