

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY

JUN 28 1984

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

I. OPERATOR	
Name <u>PERRY R. BASS</u>	
Address <u>P.O. Box 2760, MIDLAND, TEXAS 79702-2760</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain) <u>CASINGHEAD GAS MUST NOT BE</u> <u>FLARED AFTER 7-29-84</u> <u>UNLESS AN EXCEPTION FROM</u> <u>THE B. L. M. IS OBTAINED</u>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE	
Lease Name <u>BASS-10-FEDERAL</u>	Well No. <u>1</u>
Location <u>Unit Letter J</u>	Pool Name, Including Formation <u>E. INDIAN-DRAW</u>
<u>1980</u> Feet From The <u>SOUTH</u> Line and <u>2130</u> Feet From The <u>EAST</u>	Kind of Lease <u>FEDERAL</u>
Line of Section <u>10</u> Township <u>22S</u> Range <u>28E</u> NMPM, <u>EDDY</u> County	Lease No. <u>069142-A</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>10</u> Twp. <u>22S</u> Rge. <u>28E</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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>MAY 30, 1984</u>	Date Compl. Ready to Prod. <u>JUNE 22, 1984</u>
Elevations (DF, RKB, RT, CR, etc.) <u>3129' GL</u>	Name of Producing Formation <u>DELAWARE</u>
Perforations <u>3722'-3736' (8 HOLES)</u>	Top Oil/Gas Pay <u>3722'</u>
	Tubing Depth <u>3662'</u>
	Depth Casing Shoe <u>4165' TD</u>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<u>12 1/4"</u>	<u>8 5/8"</u>
<u>7 7/8"</u>	<u>5 1/2"</u>
<u>5 1/2" CSG.</u>	<u>2 3/8"</u>
DEPTH SET	SACKS CEMENT
<u>402'</u>	<u>150 SK P.S.H. & 150 SK CL. "C"</u>
<u>4165'</u>	<u>400 SK CL. "H" W/ADDITIONS</u>
<u>3662'</u>	<u>VALUER</u>

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 <u>JUNE 22, 1984</u>	Date of Test <u>JUNE 23, 1984</u>
Length of Test <u>6 Hrs</u>	Producing Method (Flowing, pump, gas lift, etc.) <u>Flowing</u>
Actual Prod. During Test <u>69 bbls</u>	Tubing Pressure <u>50 #</u>
	Casing Pressure <u>PACKER</u>
	Choke Size <u>W O</u>
	Oil - Bbls. <u>69 bbls</u>
	Water - Bbls. <u>2</u>
	Gas - MCF <u>21</u>

GAS WELL

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

1. 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.

R.C. Houtchens
(Signature)
SR. PRODUCTION CLERK
(Title)
JUNE 28, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1984, 19____
Original Signed By
BY Leslie A. Clements
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 multiple completed wells.

WELL NAME & NUMBER Bass 10 Federal #1
LOCATION Section 10, T22S, R28E, Eddy County, New Mexico
OPERATOR Perry R. Bass

The undersigned hereby certifies that he/she is an authorized representative of MR Drilling Company and that the following information as set forth by the drillers for MR Drilling Company on their Survey of Directional Drilling is true and correct to the best of his/her information and belief.

<u>DISC NO.</u>	<u>DATE</u>	<u>DEPTH</u>	<u>DRIFT</u>	<u>DRILLER</u>
<u>1</u>	<u>05/30/84</u>	<u>402'</u>	<u>1 1/2°</u>	<u>David K. Hagood</u>
<u>2</u>	<u>05/31/84</u>	<u>964'</u>	<u>1 1/4°</u>	<u>Wade Smith</u>
<u>3</u>	<u>06/01/84</u>	<u>1469'</u>	<u>1/2°</u>	<u>Wade Smith</u>
<u>4</u>	<u>06/01/84</u>	<u>2007'</u>	<u>3/4°</u>	<u>B. A. Washburn</u>
<u>5</u>	<u>06/02/84</u>	<u>2412'</u>	<u>2 1/4°</u>	<u>B. A. Washburn</u>
<u>6</u>	<u>06/04/84</u>	<u>2947'</u>	<u>3 1/2°</u>	<u>David K. Hagood</u>
<u>7</u>	<u>06/06/84</u>	<u>3387'</u>	<u>3 1/2°</u>	<u>Wade Smith</u>
<u>8</u>	<u>06/07/84</u>	<u>3796'</u>	<u>3 1/4°</u>	<u>David K. Hagood</u>
<u>9</u>	<u>06/08/84</u>	<u>4150'</u>	<u>3°</u>	<u>David K. Hagood</u>
<u>10</u>	<u>06/09/84</u>	<u>4165'</u>	<u>3°</u>	<u>David K. Hagood</u>
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By Wm Peak
Title Sec./Treas.

Subscribed and sworn to before me this 11th day of June 19 84

Barbara West
Notary Public

My commission expires: 10/12/86

