STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

RECEIVED BY
NOV 28 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

Operator
PERRY R. BASS

Address
P.O. Box 2760, MIDLAND, TX. 79702-2760

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)
REQUEST ALLOWABLE EFFECTIVE NOVEMBER 7, 1984
CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-6-85 UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BASS 10 FEDERAL	3	EAST INDIAN DRAW (DELAWARE)	State, Federal or Fee FEDERAL	LC 069142-A

Location
Unit Letter O : 990 Feet From The SOUTH Line and 1980 Feet From The EAST
Line of Section 10 Township 22S Range 28E NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] 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 [ ]:
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	NO	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-17-84	NOV. 5, 1984	4211'	4,167'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3119.5' GL	DELAWARE	3855'	3,889'
Perforations 3671'-3729' DELAWARE 3855'-3875' 4 SPF			**Depth Casing Shoe** 4211'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	425'	300 SX CLASS "C" W/ADDT.
7 7/8"	5 1/2"	4211'	525 SX CLASS "H" W/ADDT.
5 1/2" CSG	2 3/8"	3889'	SEATING NIPPLE

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
NOV. 7, 1984	NOV. 25, 1984	PUMP 2"X1 1/2"X16' RWTC	Test ID-2 12-7-84 Comp & BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	—	30 #	—
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	58	178	22

GOR 379

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

K.C. Hutchens
(Signature)
SR. PRODUCTION CLERK
(Title)
NOVEMBER 28, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 0 6 1984, 19
Original Signed By
Leslie A. Clements
BY Supervisor District II
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 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.