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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

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Form C-104
 Revised 10-01-78
 Formal 06-01-83
 Page 1

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 Bass Enterprises Production Co.
 Address
 P O Box 2760, Midland, Texas 79702-2760

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ~~operator~~ give name and address of previous owner: Perry R. Bass, P O Box 2760, Midland, Texas 79702-2760

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy Unit	Well No. 8	Pool Name, including Formation Big Eddy Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 06818
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>20 S</u> Range <u>31 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1183, Houston, Texas 77001-1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762-5972
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 30 20S 31E
Is gas actually connected?	When Yes January 10, 1967

If this production is commingled with that from any other lease or pool, give commingling order number: None *Post ID-3 8-8-86 chg Op name*

NOTE: Complete Parts IV and V on reverse side if necessary.

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

R.C. Houtchens
 R. C. Houtchens
 (Signature)
 Senior Production Clerk
 (Title)
July 17, 1986
 (Date)

OIL CONSERVATION DIVISION
AUG - 8 1986

APPROVED _____, 19____

BY _____
 Original Signed By
 Les A. Clements
 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.

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.H.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 (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.)		
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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)		Choke Size