STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Form C-104
Revised 10-01-78
Format 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)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain): CHANGE OPERATOR NAME

If change of ownership give name and address of previous owner: PERRY R. BASS P.O. BOX 2760 MIDLAND, TX. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
C.A. LOOMIS FEDERAL	1	SOUTH SALT LAKE ATOKA (GAS)		NM07229

Location
Unit Letter E : 1600 Feet From The NORTH Line and 660 Feet From The WEST
Line of Section 5 Township 21S Range 32E NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
~~THE~~ PERMIAN CORPORATION	BOX 1183 HOUSTON, TX 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	**Address (Give address to which approved copy of this form is to be sent)**
NATURAL GAS PIPELINE CO. OF AMERICA	BOX 283 HOUSTON, TX 77001-0283

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	5	21S	32E	YES	UNKNOWN

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

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
(Signature)
SENIOR PRODUCTION CLERK
(Title)
NOVEMBER 25, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 1 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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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: PERRY R. BASS

Address: Box 2760, MIDLAND, TX 79702-2760

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner: —

R-7607

II. DESCRIPTION OF WELL AND LEASE — Pool to be Atoka (8-1-84)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
C.A. Loomis Federal	1	Undes. Atoka	NM	04229-A

Location: Unit Letter E : 1600 Feet From The NORTH Line and 660 Feet From The WEST Line of Section 5 Township 21S Range 32E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION	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)
NATURAL GAS PIPELINE CO. OF AMERICA	Box 236, Midland, TX 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	5	21S	32E	No	

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 Res'v.	Diff. Res'v.
		X				X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
NOV. 14, 1980	OCT. 28, 1983	14,131	CIBP @ 13,500'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3638' GL	ATOKA	13,017'	12,900
Perforations			**Depth Casing Shoe**
			14,131'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	560'	450 CLASS "C"
11"	8 5/8"	4966'	1220 LITE + 200 "C"
7 7/8"	5 1/2"	14131'	835 LITE + 900 "H"
5 1/2 CSG	2 3/8	12,900'	

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
64MCF (AOF 666)	4 HOURS	NONE	.658
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PRESSURE	6180	PACKER	VARIOUS

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. D. Hurst, Jr.
(Signature)

Senior Production Clerk
(Title)

November 4, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 26 1984, 19—

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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