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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

JAN 0 5 1993

Operation   BASS ENTERPRISES PRODUCTION CO.   Section	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUTHORI	ZATION	O. C. D.	:	
Address (Dr. Discovery hear)  Restoro(1) for Pillar (Chick prepare hear)  Restoro(1) for Pillar (Chick prepare)  Restoro(1) for Pillar (Chi						Well API No.		
Remonshelds   Graphed Classes in Transporter of Changes in Dyrace   Condenses   Condense	Address		30-0	015-20933				
Case   Day Case   Case   D		DLAND TEXAS	79702-2760	Other (Places and	-1-1			
Change in Operator give name and address of previous operator give name and nam	New Well			Outer (Flease expe	ain)			
If change of operator give name and softens of provincial operator of the change of operators and softens of provincial operator of the change of the chan	Change in Operator		<b>-</b> '	•		•		
Lease Name POKER LAKE UNIT 4 No. Pool Name, including Perension POKER LAKE UNIT 4 MILDOAT DELAMARE State Federalise Federalise LC-068431 Location  Units Letter 6 ; 1980 Feet Pront The MILDOAT DELAMARE State Federalise Fe	if change of operator give name and address of previous operator							
POKER LAKE UNIT   41   50   50   50   50   50   50   50   5	II. DESCRIPTION OF WELL	AND LEASE						
Uail Lener   G   1980   Feet Pront The   NORTH   Line and 1980   Feet From The   EAST   Line	POKER LAKE UNIT 41 WILDC		- 1					
Section   21   Torrumbia   24\$   Range   30E   NMPM   EDDY   County	0	: 1980	_ Feet From The	NORTH Line and 19	80 <b>F</b>	set From The	EAST Line	
Address (Give address to which approved copy of this form is to be sent)  Nome of Authorized Transporter of Catinghead Que  or Dry Que  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is	Section 21 Townsh	ip 24S	201	-			· · · · · · · · · · · · · · · · · · ·	
Address (Give address to which approved copy of this form is to be sent)  Nome of Authorized Transporter of Catinghead Que  or Dry Que  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is	III. DESIGNATION OF TRAN	NSPORTER OF C	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Casinghead Gas    NONE   Address (Give address to which approved copy of this form in to be sent)	Name of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent)				
If well produces of iteral layeds, with that from any other lease or pool, give commingling order number:  (P. COMPLETION DATA  Designate Type of Completion - (X)	Name of Authorized Transporter of Casin	·   · · · · · · · · · · · · · · · · · ·						
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  12-1/4"  9-5/8"  12-1/2"  13-3/8"  11-1/2"  12-9/8"  11-1/2"  13-3/8"  12-1/4"  9-5/8"  11-1/2"  12-1/4"  9-5/8"  11-1/2"	If well produces oil or liquids, give location of tanks.				When	7 NONE	<del></del>	
Designate Type of Completion - (X)	f this production is commingled with that V. COMPLETION DATA				. <u> </u>	NONL		
M/O 11-12-92   NEW COMPLETION 11-12-92   15100'   P.B.T.D. 7880'	Designate Type of Completion	CT25	Gas Well	New Well   Workover	Deepen	Plug Back San	ne Res'v Diff Res'v	
Name of Producing Formation   10	Date Spudded W/0 11-12-92				1	P.B.T.D.	70001	
Perforations   7583' - 7593'   Depth Casing Shoe   15100'	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
TUBING, CASING AND CEMENTING RECORD	3359.6 GL - 3391' RKB DELAWARE Performions			/583* /48/*				
HOLE SIZE  CASING & TUBING SIZE  20"  17-1/2"  13-3/8"  3868'  41255x  12-1/4"  9-5/8"  7-5/8"  7-5/8"  11342'  17406x  17406x  1455x  14061' - 14740'  1455x  20"  1455x  14061' - 14740'  1455x  20"  Date First New Oil Run To Tank 12-9-92  Length of Test  12-9-92  Length of Test  Oil - Bbis.  Oil - Bbis.  Oil - Bbis.  Oil - Bbis.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR, DISTRICT (1.	7583' - 759			<b>.</b>			oe	
26"   20"   515   515   11805x     17-1/2"   13-3/8"   3868   4125sx     12-1/4"   9-5/8"   11342'   1740sx     9-5/8"   7-5/8"   11073' - 14270'   450sx     7-5/8"   5"   14061' - 14740'   145sx     7-5/8"   5"   14061' - 14740'   145sx     7-5/8"   7-5/8"   7-487'   5N     2-7/8"   7-3-93   Producing Method (Flow, purp, gas lift, etc.)   SN     2-9-92   1-3-93   Producing Method (Flow, purp, gas lift, etc.)   SN     2-9-92   25   Choke Size     2-7/8"   25   Choke Size     2-1/2" x 1-1/2" x 24' RHBC     2-1/2" x 1-1/2	HOLE SIZE				D	1		
17-1/2" 13-3/8" 3868' 4125sx 12-1/4" 9-5/8" 11342' 1740sx 9-5/8" 7-5/8" 11073' - 14270' 450sx 7-5/8" 14061' - 14740' 145sx  Date First New Oil Run To Tank 12-9/92 Date of Test 12-9-92 PIMP ING 2-1/2" x 1-1/2" x 24' RHBC  Length of Test 24 Tubing Pressure 25 Pimp ING 2-1/2" x 1-1/2" x 24' RHBC  Casing Pressure 25 Choke Size 25  Cutual Prod. During Test Oil - Bbls. Gas-MCF 16 1-21-23  GAS WELL  Cutual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Oravity of Condensate  Sting Method (pitot, back pr.) Tubing Pressure (Shut-in)  Casing Pressure (Shut-in) Choke Size  Condensate/MMCF Oravity of Condensate  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge soft/belief.  By ORIGINAL SIGNED By MIKE WILLIAMS  SUPERVISOR. DISTRICT 18.	26"					SACI	KS CEMENT 180sx	
12-1/4"   9-5/8"   11342'   1740sx     9-5/8"   7-5/8"   11073' - 14270'   450sx     7-5/8"   14061' - 14740'   145sx     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   14750'     7-5/8"   14061' - 14740'   145sx     7-5/8"   7-481'   145sx     7-5/8"   14061' - 14740'   145sx				3868'		4125sx		
7-5/8" 7-5/8" 7-5/8" 5" 14061' - 14740' 1455X  7487' SN  Date First New Oil Run To Tank 12-9-92 Length of Test 24 Cutual Prod. During Test Oil - Bbls.  GAS WELL  Cutual Prod. Test - MCF/D Length of Test Length of Test Length of Test Sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Length of Test Length of Test  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Conversion  Division have been complied with and that the information given above is true and complete to the best of my knowledge ind/hellef.  Signature  Printed Name 1-4-93: 915-683-2277  Title  Ti						1740sx		
Date First New Oil Rus To Tank   Date of Test   Date of Test   Producing Method (Flow, pump, gas lift, etc.)   PUMPING 2-1/2" x 24' RHBC								
Date First New Oil Run To Tank  12-9-92  Length of Test  1-3-93  Tubing Pressure  24  Coil - Bbis.  16  Casing Pressure  25  Casing Pressure  26  Casing Pressure  27  Casing Pressure  28  Casing Pressure  29  Casing Pressure  Condensate/MMCF  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Condensate/MMCF  Condensate/MMCF  Condensate/MMCF  Casing Pressure  Condensate/MMCF  Condensate/M	MI WETT	_	n					
PUMPING 2-1/2" x 1-1/2" x 24 RHBC	Date First New Oil Run To Tank				mp. gas lift. e	SI (c.)	<u> </u>	
24 25 25  Actual Prod. During Test Oil - Bbls.		- <b> </b>	3	PUMPING 2-	1/2" x 1	1/2" x 2	4' RHBC	
Actual Prod. During Test  Oil - Bbls.  16  Water - Bbls.  52  16  1-21-93  Length of Test  Dil pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  R C HOUTCHENS  SENIOR PROD. CLERK  Printed Name  1-4-93  Oil CERK  Title	24					Choke Size		
GAS WELL Actual Prod. Test - MCF/D Length of Test  Bbls. Condensate/MMCF Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  CI. OPERATOR 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.  Signature  R. C. HOUTCHENS  SENIOR PROD. CIERK Printed Name Title  1-4-93  915-683-2277  Bbls. Condensate/MMCF Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT 12	Actual Prod. During Test			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10	
Length of Test  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  Choke Siz	GAS WELL					<u> </u>		
/I. OPERATOR 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.    Date Approved	Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Conde	,	
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.    Signature   R. C. HOUTCHENS   SENIOR PROD_CLERK   Printed Name   Title     1-4-93   915-683-2277     OIL CONSERVATION DIVISION    Date Approved   Date Approved     Date Approved   SIGNED BY     MIKE WILLIAMS   SUPERVISOR, DISTRICT (18)	esting Method (pitot, back pr.)	Tubing Pressure (Shu	-in)	Casing Pressure (Shut-in)		Choke Size		
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.    Signature   R. C. HOUTCHENS   SENIOR PROD_CLERK   Printed Name   Title     1-4-93   915-683-2277     OIL CONSERVATION DIVISION    Date Approved   Date Approved     Date Approved   SIGNED BY     MIKE WILLIAMS   SUPERVISOR, DISTRICT (18)	I. OPERATOR CERTIFIC	ATE OF COME	PLIANCE		··· · ·			
Signature  R C HOUTCHENS SENIOR PROD CIERK Printed Name  1-4-93	I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Signature R. C. HOUTCHENS SENIOR PROD. CLERK Printed Name 1-4-93 915-683-2277  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IS	is true and complete to the best of my knowledge and belief.			JAN 1 9 1000				
Printed Name  1-4-93  915-683-2277  Title  Title  Title  Title  Title  Title  Title  Title  Title	11/	1		Date Approved	d	111 12 13	33	
Printed Name  1-4-93  915-683-2277  Title  Title  Title  Title  Title  Title  Title  Title  Title	Signature K.C. (Va	w cheus		By ORIG	INAL SIGI	NFn DV		
Date.	R.C. HOUTCHENS SENIOR PROD. CLERK			1 SERVICE AND				
Date.	1-4-93	915-683-		Title DISTRICT IL				
	Date .			ALEXANDE DE				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.