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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <u>PERRY R. BASS</u>	
Address <u>Box 2760, MIDLAND, TX 79701</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
<u>ADD TRANSPORTER OF CONDENSATE.</u>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>POKER LAKE UNIT LC 061616 A</u>	Lease No. <u>42</u>	Well No. <u>TWIN MILLS</u>	Foot Name, Including Formation <u>ATOKA</u>	Kind of Lease State, Federal or Fee
Location				
Unit Letter <u>G</u>	<u>1980</u>	Feet From The <u>NORTH</u>	Line and <u>1980</u>	Feet From The <u>EAST</u>
Line of Section <u>10</u>	Township <u>25 S</u>	Range <u>30 E</u>	NMFM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>MURPHY OIL CORPORATION</u>	<u>200 JEFFERSON, ELDORADO, ARK. 71730</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>NATURAL GAS PIPELINE CO. OF AMERICA</u>	<u>Box 236, MIDLAND, TX 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>10</u>
	Twp. <u>25 S</u>	Rge. <u>30 E</u>
	Is gas actually connected? <u>YES</u>	
	When <u>AUG. 19, 1976</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>2-6-74</u>	Date Compl. Ready to Prod. <u>9-16-74</u>	Total Depth <u>15,350' MD</u>		P.B.T.D. <u>14,452' MD</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3303' GA. 3334' KB</u>	Name of Producing Formation <u>ATOKA</u>	Top Oil/Gas Pay <u>13,732'</u>		Tubing Depth <u>13,684'</u>				
Perforations <u>13,732' - 13,740' w/2 JSPP</u>	Depth Casing Shoe <u>17 1/8" LINER @ 14,512'.</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>26"</u>	<u>20"</u>	<u>570.82'</u>		<u>1200 SKS</u>				
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>3,946.80'</u>		<u>2350 SKS</u>				
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>11,337.67'</u>		<u>3950 SKS</u>				
<u>8 1/2"</u>	<u>7 5/8" LINER</u>	<u>HUNG FR 11,133' TO 14,512'</u>		<u>900 SKS</u>				

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)

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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

H. J. Murty, Jr.
(Signature)

SENIOR PRODUCTION CLERK
(Title)

AUGUST 27, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY W. A. Gressett
TITLE COMMISSIONER

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.