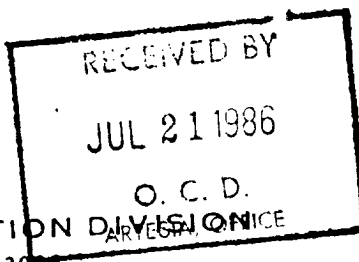


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501



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

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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 ☐ Change In Transporter of: ☒ Dry Gas  
☐ Recompletion ☐ Oil ☐ Condensate  
☐ Change In Ownership ☐ Casinghead Gas  
Other (Please explain)  
Change Operator name and Gas Gather  
If change of ~~operator~~ give name and address of previous owner  
Operator Perry R. Bass, P O Box 2760, Midland, Texas 79702-2760

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Poker Lake Unit  
Well No.: 52  
Pool Name, including Formation: Big Sinks Wolfcamp South  
Kind of Lease: State, Federal or Fee Federal  
Lease No.: LC061672B  
Location: Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West  
Line of Section 33 Township 25S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian (Ex. 9/1/87)  
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 ☐ or Dry Gas ☒  
West Texas Gas, Inc.  
Address (Give address to which approved copy of this form is to be sent)  
211 North Colorado, Midland, Texas 79701  
Is gas actually connected? Yes When June 25, 1985  
If well produces oil or liquids, give location of tanks. Unit C Sec. 33 Twp. 25S Rge. 31E

If this production is commingled with that from any other lease or pool, give commingling order number: Post ID-3  
8-8-86

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 Original Signed By

BY Loc A. Clements

TITLE Supervisor District II

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.B.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 OIL WELL

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