STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS	✓
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Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
DEC 21 1982
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: PERRY R. BASS ✓

Address: Box 2760, Midland, TX 79702-2760

Reason(s) for Filing (Check proper box)
- New Well ✓
- Recompletion
- Change in Ownership
- Change in Transporter of: Oil; Dry Gas; Casinghead Gas; Condensate

Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/19/83 UNLESS AN EXCEPTION ~~IS~~ FROM MMS IS OBTAINED
Ex # 2-664

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
POKER LAKE UNIT	57	WILDCAT ~~DELAWARE~~ Cherry Canyon	State, Federal or Fee	LC-063136-A

Location

Unit Letter N : 330 Feet From The SOUTH Line and 1980 Feet From The WEST

Line of Section 28 Township 25S Range 31E, NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ✓ or Condensate: THE PERMIAN CORPORATION
Address (Give address to which approved copy of this form is to be sent): 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):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	28	25S	31E		

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-10-82	12-5-82	8325'	6110'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3316' GL 3327 KB	Cherry Canyon ~~DELAWARE~~	6050	6022

Perforations	Depth Casing Shoe
6050' – 6080'	6371'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9⅝"	1020'	600 "C" W/ADDITIVES
8¾"	7"	6371'	400 "H" W/ADDITIVES

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.)	
12-5-82	12-17-82	PUMPING	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	—	20	—

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	50	200	20

Post ID-2 1-31-83 + BK temp

GAS WELL

~~Actual Prod. During Test-MCF/D~~	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

E. R. Murphy Jr.
(Author)
Senior Production Clerk
(Title)
December 20, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED: JAN 20 1983, 19__
BY: Original Signed By Leslie 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, it 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, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.