

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED BY
Form C-104
Revised 10-1-78

SEP 12 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator PERRY R. BASS

Address P.O. Box 2760, MIDLAND, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: ☐ Oil ☐ Gas ☐

Recompletion ☐ Ill ☐ Dry Gas ☐

Change in Ownership ☐ Existing Gas ☐ Condensate ☐

Other (Please explain) REQUEST TEST ALLOWABLE FOR SEPT. 1983
700 BBLs.
PERFS. 6043' - 6045'
FORMATION: DELAWARE CHERRY CANYON

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>POKER LAKE UNIT</u>	Well No. <u>60</u>	Pool Name, including Formation <u>BIG SINKS DELAWARE</u>	Kind of Lease State, Federal or Fee	Lease No. <u>15061672-13</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>				
Line of Section <u>33</u> Township <u>25S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1483, Houston, TX. 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. <u>F 33 25S 31E</u>
Is gas actually connected? When	

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

V. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
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		

VI. 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

R.C. Huntchens
(Signature)
St. Production Clerk
(Title)
9/9/83
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 12 1983, 19____

BY Original Signed By
Leslie A. Clemens
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 Form C-104 must be filed for each pool in multiply completed wells.