

RECEIVED SEP 16 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR

Perry R. Bass

Address
P. O. Box 2760, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 60	Pool Name, including Formation Undesignated Big Sinks Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-061672-B
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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
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 F	Sec. 33	Twp. 25S	Rge. 31E	Is gas actually connected? NO	When -

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded July 12, 1983	Date Compl. Ready to Prod. August 27, 1983		Total Depth 6180'		P.B.T.D. 6130'			
Elevations (DF, RAB, RT, GR, etc.) 3197.1' GL	Name of Producing Formation Delaware Cherry Canyon		Top Oil/Gas Pay 6043'		Tubing Depth 6080'			
Perforations 6043' - 6045' (9 shots)					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	801'	550 sx Class "C" Circ 200sx
8 3/4"	7"	4100'	2050sx P.S. Lite 8500sx Q.C.
6 1/2"	4 1/2"	6180'	200 sx P.S. Lite 8100sx Q.C.
4 1/2" csg	2 3/8" tbg	6080'	6N 6076

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 August 27, 1983	Date of Test September 13, 1983	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1 1/2" X 16' RWTC	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 20	Oil - Bbls. 20	Water - Bbls. 35	Gas - MCF 40 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

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 above is true and complete to the best of my knowledge and belief.

R.C. Huntchens
(Signature)
Dr. Production Clerk
(Title)
September 14, 1983
(Date)

OIL CONSERVATION DIVISION

SEP 26 1983

APPROVED _____, 19

Original Signed By
BY Leslie A. Clements

Supervisor District II

TITLE _____

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 multiple-completed wells.