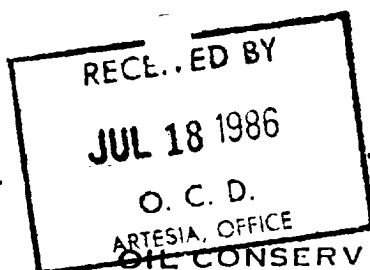


STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT



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

OIL CONSERVATION DIVISION

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

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Bass Enterprises Production Co.

P O Box 2760, Midland, Texas 79702-2760

Person(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)

Change Operator name

Operator

Change of ~~operator~~ give name  
and address of previous owner

Perry R. Bass, P O Box 2760, Midland, Texas 79702-2760

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 60	Pool Name, including Formation Big Sinks Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC 061672B
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 33	Township 25S	Range 31 E	, NMPM, Eddy 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 Permian (24.9 / 1.07)	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-3 8-8-86 Chg Op name	
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: CTB 298

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

(Signature)

Senior Production Clerk

(Title)

July 17, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 8 1986

Original Signed By

BY Les 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'
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 (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