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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 17 '87

O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 08-01-83
Page 1REQUEST 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)

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/25/88 AN EXCEPTION FROM THE B. L. M. IS OBTAINED
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name POKER LAKE UNIT	Well No. 68	Pool Name, including Formation WILDCAT (DELAWARE)	Kind of Lease State, Federal or Fee	Lease No. 061705B
Location				
Unit Letter <u>B</u> : <u>760</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>24S</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 77001-1183
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-2 11-27-87 camp 4 B14
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>B</u> Sec. <u>20</u> Twp. <u>24S</u> Rge. <u>31E</u>	NO

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

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)
Sr. Prod. Clerk
(Title)
November 16, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 24 1987, 10
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.L.T.D.		
9-17-87	10-8-87		4,491'				4420'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
3510.2'	Delaware		4358'				4398'		
Perforations		4376'- 4388' Delaware					Depth Casing Shoe		
							4491'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	653'	525 sx class "C" w/Add.
7-7/8"	5-1/2"	4491'	175 sx class "C" Neat
5-1/2"	2.-3/8"	4398'	Seating Nipple

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.)	
10-8-87	11-1-87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-----	40#	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	14	70	18

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size