

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

CONFIDENTIAL
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB - 7 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO.		Well API No. 30-015-27752
Address P O BOX 2760; MIDLAND, TX 79702-2760		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name POKER LAKE UNIT	Well No. 82	Pool Name, Including Formation POKER LAKE (DELAWARE)	Kind of Lease State, Federal or Fee	Lease No. NM-030453
Location Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 24 Township 24S Range 30E, NMPL, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil E.O.T.T. ENERGY CORP.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 4666; HOUSTON, TX 77210-4666				
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON GASOLINE CO.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST, STE 3000; FT. WORTH, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 24S	Rge. 30E	Is gas actually connected? NO	When? ASAP

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-10-93	Date Compl. Ready to Prod. 1-29-94		Total Depth 8295'		P.B.T.D. 8197'			
Elevations (DF, RKB, RT, GR, etc.) 3448.4' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 7853'		Tubing Depth 7652'			
Perforations 7853'-7873' (41 HOLES) 7960'-7980' (41 HOLES)					Depth Casing Shoe 8295'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		863'		495 SX CL "C"-CIRC			
11"	8 5/8"		4141'		1305 SX CL "C"-CIRC			
7 7/8"	5 1/2"		8295'		900 SX PSL-C-TOC 3230			
5 1/2" CSG	2 7/8"		7652'		PACKER			

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 Tank 1-29-94	Date of Test 2-2-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 325	Casing Pressure PACKER	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 223	Water - Bbls. 99	Gas - MCF 87

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

VI. OPERATOR 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.

Signature
R.C. HOUTCHENS SENIOR PRODUCTION CLERK
Printed Name
2-2-94 (915) 683-2277
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 18 1994

By

Supervisor DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.