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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BASS ENTERPRISES PRODUCTION CO. 1801		Well API No. 30-015-27753
Address PO BOX 2760; MIDLAND, TX 79702-2760		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <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 1796	Well No. 83	Pool Name, Including Formation POKER LAKE (DELAWARE) 96047	Kind of Lease State, Federal or Fee	Lease No. NM-0506-A
Location				
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line				
Section <u>30</u> Township <u>24S</u> Range <u>31E</u> , <u>NMPM</u> , <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"/> E.O.T.T. ENERGY CORP.	Address (Give address to which approved copy of this form is to be sent) PO BOX 4666; HOUSTON, TX 77210-4666	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST STE 3000; FR. WORTH, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 30
	Twp. 24S	Rge. 31E
Is gas actually connected?	When ?	
NO	ASAP	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 12-29-93	Date Compl. Ready to Prod. 2-10-94		Total Depth 8300'		P.B.T.D. 8211'			
Elevations (DF, RKB, RT, GR, etc.) 3450.6' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 7956'		Tubing Depth 7609'			
Perforations 7956'-7966' (21 HOLES) 8038'-8048' (21 HOLES)					Depth Casing Shoe 8300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		843'		CIRC-470SX CL "C"			
11"	8 5/8"		4150'		CIRC-1220SX CL "C"			
7 7/8"	5 1/2"		8300'		T.S. 3360'-810 SX CL "C"			

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 2-10-94	Date of Test 2-15-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING Part FD 2 4-22-94	
Length of Test 24	Tubing Pressure 500	Casing Pressure PACKER	Choke Size 18/64 camp & B17
Actual Prod. During Test	Oil - Bbls. 272	Water - Bbls. 144	Gas - MCF 337

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.

R.C. Houtchens
Signature
R.C. HOUTCHENS SR. PRODUCTION CLERK
Printed Name
3-21-94 (915) 683-2277
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 25 1994
By _____
Title SUPERVISOR

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.