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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 27 1970

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JAN 26 1970
U.S. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator	Central States Oil Company	(Agent for Perry R. Bass Unit Operator)
Address	902 Building of the Southwest - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Poker Lake Unit	38	Corral Canyon Del.	State, Federal or Fee Fed	LC070341
Location	Unit Letter A ; 900 Feet From The East Line and 330 Feet From The North			
Line of Section	19	Township	25-S	Range 30-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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 3119 - Midland, Texas 79701					
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)					
None	--					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	19	25-S	30-E	No	Unknown

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-15-69	1-5-70	3682'	3661'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3209' KDB	Delaware Sand	3650'	3609'					
Perforations	3650' - 3660'					Depth Casing Shoe		
3679'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8-3/4"	7" - 20#	750'	175 sks Circ					
6-1/4"	4-1/2" - 10.5#	3679'	150 sks					
	2 3/8"	3609						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-10-70	1-14-70	Pump - 1-1/2" x 12'	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs	--	--	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
17	17	15	5.95

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Don C. Bennett
(Signature)
Operations Manager
(Title)
1-19-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 28 1970, 19

BY W. A. Gressett
OIL AND GAS INSPECTOR

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 multiply completed wells.