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

RECEIVED BY
 SEP 27 1983
 O. C. D.
 ARTESIA, OFFICE

Form C-104
 Superseded by Old C-104 and C-110
 Effective 1-65

Operator
Oilfield Training Center Foundation - ENMU-R

Address
P. O. Box 1714, Roswell, NM 88201

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain)
Effective 9/1/83

If change of ownership give name and address of previous owner
TOM L. INGRAM, P. O. Box 1757, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pogo State	Well No. 2	Pool Name, including Formation Elkins - San Andres	Kind of Lease State, Federal or Fee State	Lease No. L-5343
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 16 Township 7-S Range 28-E , NMPM, Chaves 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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 16	Twp. 7-S	Rge. 28-E	Is gas actually connected? No	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*Post FD-3
9-30-83
L.H. Gp.*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

**Oilfield Training Center Foundation-
 ENMU-R
 President
 L.C. Harris**
 Operator
 8- 31-83
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 29 1983**, 19____
 BY Original Signed By
Leslie A. Clements
 TITLE Supervisor District #

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.